

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90022 045 \*\*\*150.00

DOCUMENT # P01000103560

1. Entity Name

CUSTOM CURBS, CO.

Principal Place of Business

Mailing Address

~~103 LONDON FOG WAY~~

~~103 LONDON FOG WAY~~

~~SANFORD FL 32771~~

~~SANFORD FL 32771~~

2. Principal Place of Business

3. Mailing Address

8910 CAMPO WAY

8910 CAMPO WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FLORIDA

ORLANDO, FLORIDA

Zip

Country

Zip

Country

32810

ORANGE

32810

ORANGE

4. FEI Number

59-3752747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEE, SHELDON B~~

~~103 LONDON FOG WAY~~

~~SANFORD FL 32771~~

Name

MARK BERGERON

Street Address (P.O. Box Number is Not Acceptable)

8910 CAMPO WAY

City

ORLANDO, FLORIDA FL

Zip Code

32810

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Mark A. Bergeron*

MARK A. BERGERON PRES. SECRETARY TREASURER 1/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so  
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSD~~  
NAME ~~LEE, SHELDON B~~  
STREET ADDRESS ~~103 LONDON FOG WAY~~  
CITY-ST-ZIP ~~SANFORD FL 32771~~

☒ Delete

TITLE ~~VTD~~ **PST D**  
NAME **BERGERON, MARK A**  
STREET ADDRESS **103 LONDON FOG WAY**  
CITY-ST-ZIP **SANFORD FL 32771**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PRESIDENT, SECRETARY, TREASURER + DIRECTOR**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark A. Bergeron*

MARK A. BERGERON PRES. SECRETARY TREASURER DR 1/16/02 407-894-9264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)