

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90127 002 ***150.00

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DOCUMENT # P02000048776

1. Entity Name
CUSTOM MILLWORK & RENOVATION, INC.



Principal Place of Business
5989 DEWITT PL
LAKE WORTH FL 33463

Mailing Address
5989 DEWITT PL
LAKE WORTH FL 33463

2. Principal Place of Business

201 BONNIE BLVD.

3. Mailing Address

201 BONNIE BLVD.

Suite, Apt. #, etc.

A120

Suite, Apt. #, etc.

A120

City & State

PALM SPRINGS FL.

City & State

PALM SPRINGS FL.

Zip

33461

Country

U.S.A.

Zip

33461

Country

U.S.A.

4. FEI Number

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

GREENFIELD, ROBERT N
5989 DEWITT PL
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
ROBERT N. GREENFIELD
201 BONNIE BLVD. A120
PALM SPRINGS FL. 33461

12. 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 or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRE ROBERT GREENFIELD 9/8/03 561-7049352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80145500
#P02000048776

TO: DIVISION OF CORPORATIONS

FROM: CUSTOM MILLWORK & RENOVATION INC.

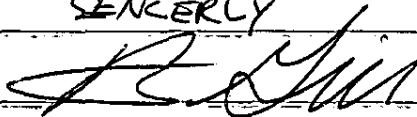
DEAR SIR,

C.M. & R. INC. DID NOT
RECEIVE THE FIRST U.B.R.

PERHAPS BECAUSE WE
MOVED TO A NEW LOCATION.

THANK YOU FOR YOUR
UNDERSTANDING

SINCERLY



ROBERT GREENFIELD
PRESIDENT