

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000073308

1. Entity Name
BOILER ROOM CUSTUMZ, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 037 ***150.00

060127 AV

Principal Place of Business
~~691-BUSINESS PARK BLVD. #102~~
~~WINTER GARDEN FL 32787~~

Mailing Address
~~691-BUSINESS PARK BLVD. #102~~
~~WINTER GARDEN FL 32787~~



2. Principal Place of Business
6313 CRESTVIEW DR
Suite, Apt. #, etc.

3. Mailing Address
6313 CRESTVIEW DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32810

Country
ORANGE

4. FEI Number
01-0730040

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SABO, JASON
691-BUSINESS PARK BLVD. #102
WINTER GARDEN FL 32787

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6313 CRESTVIEW DRIVE
City ORLANDO 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 4/25/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD SABO, JASON 7710 REGAL PINE LANE ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DYCZOK, MACK 6313 CREST VIEW DRIVE ORLANDO FL 32810	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	6313 CRESTVIEW DRIVE ORLANDO FL 32810	
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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)