

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91056 049 \*\*\*150.00

0137580 AV

**DOCUMENT # P02000103413**

1. Entity Name

**CUSTOM DETAILING OF SOUTH FLORIDA, INC.**



Principal Place of Business

111 S.E. 1ST STREET

APT. 208

DANIA FL 33004

Mailing Address

111 S.E. 1ST STREET

APT. 208

DANIA FL 33004

2. Principal Place of Business

4027 S.W. 12<sup>TH</sup> ST.

3. Mailing Address

4027 S.W. 12<sup>TH</sup> ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

PLANTATION FL.

City & State

PLANTATION FL.

4. FEI Number

55-0806995

Applied For

Not Applicable

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELD, CHAD D

111 S.E. 1ST STREET

APT 208

DANIA FL 33004

7. Name and Address of New Registered Agent

Name **CHAD HELD**

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

4027 S.W. 12<sup>TH</sup> ST.

City

PLANTATION

FL

Zip Code

33317

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

*CHAD D. HELD*

CHAD D. HELD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME **P HELD, CHAD D**  
STREET ADDRESS **111 S.E. 1ST STREET**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Delete  
NAME **T BARRETT, GLORIA**  
STREET ADDRESS **12500 S.W. 20 ST STREET**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **P HELD, CHAD D**  
STREET ADDRESS **4027 S.W. 12<sup>TH</sup> ST.**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*CHAD D. HELD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

954-383-8497

Daytime Phone #

CR2E034 (10/02)