

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90523 007 ***150.00

DOCUMENT # P02000121576

1. Entity Name

CUSTOMIZED ACCESSORIES, INC.



Principal Place of Business

**4848 SW 29TH TERRACE
FT. LAUDERDALE FL 33315**

Mailing Address

**4848 SW 29TH TERRACE
FT. LAUDERDALE FL 33315**

2. Principal Place of Business

4848 SW 29TH TERR.

Suite, Apt. #, etc.

3. Mailing Address

4848 SW 29TH TERR

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

48-1290723

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

**FERGUSON, RYAN L
4848 SW 29TH TERRACE
FT. LAUDERDALE FL 33315**

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 \$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	P	<input type="checkbox"/> Delete
NAME	FERGUSON, RYAN L	
STREET ADDRESS	4848 SW 29TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPO, WILLIAM	
STREET ADDRESS	810 NW 92ND AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED
RYAN L FERGUSON

4-16-03 (954) 965-8601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)