

FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90336 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000134325

1. Entity Name

CUSTOM SERVICE SOLUTIONS INC



Principal Place of Business

PO BOX 151876
CAPE CORAL FL 33915

Mailing Address

PO BOX 151876
CAPE CORAL FL 33915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2088851

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

7. Name and Address of New Registered Agent

PAYNE, JOHN V SR.
1727 NW 5TH STREET
CAPE CORAL FL 33909

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PAYNE, PAUL	
STREET ADDRESS	PO BOX 151876	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAYNE, JOHN V SR.	
STREET ADDRESS	PO BOX 151876	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAYNE, STACEY E	
STREET ADDRESS	PO BOX 151876	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAYNE, JOHN V JR.	
STREET ADDRESS	PO BOX 151876	
CITY-ST-ZIP	CAPE CORAL FL 33915	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

1-800-867-0128

Daytime Phone #

CR2E034 (10/02)