FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006007

1. Entity Name
CUSTOM SOLID SURFACE PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

300026217228
01/06/04--01082--017 **317.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1290 SUN CIRCLE E	1290 SUN CIRCLE E	16-1648413	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: MELBOURNE, FL	City & State: MELBOURNE, FL		
Zip: 32935 Country: USA	Zip: 32935 Country: USA	5. Certificate of Status Desired: XX $8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GERALD A. HARTMAN

Street Address (P.O. Box Number is Not Acceptable): 1290 SUN CIRCLE E

City: MELBOURNE, FL Zip Code: 32935

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on Back) XX

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: GERALD A. HARTMAN STREET ADDRESS: 1290 SUN CIRCLE E CITY-ST-ZIP: MELBOURNE, FL 32935	
TITLE: VICE PRESIDENT NAME: SHIRLEY A. HARTMAN STREET ADDRESS: 1290 SUN CIRCLE E CITY-ST-ZIP: MELBOURNE, FL 32935	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald A Hartman Jr 12-30-03 321-242-6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #