

P03000 153 746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

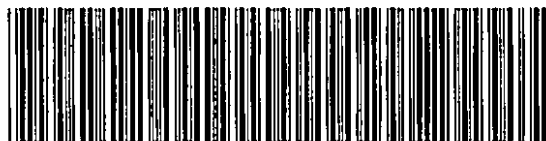
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/28/19- 01021 --024 \$43.75

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STATE  
CLERK OF COURTS  
19 APR 19 PM 3:05

Done w/notice

APR 24 2019

D CUSHING

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** PO 30015 3146

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD STANARD  
(Name of Contact Person)

CUSTOMER + PRESS  
(Firm/Company)

1290 HIGHLAND ST  
(Address)

SARASOTA FL 34234  
(City/State and Zip Code)

19 APR 19 PM 3:05  
FLORIDA STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

RON STANARD at ( 941 ) 3511869  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2019

RONALD STANNARD  
CUSTOM POOL & PAVER  
1290 HIGHLAND ST  
SARASOTA, FL 34234

SUBJECT: CUSTOM POOL & PAVER, INC.  
Ref. Number: P03000153746

We have received your document for CUSTOM POOL & PAVER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Non Profit, but your entity is a Florida Profit. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 919A00006927

RECEIVED

2019 APR 19 AM 10:20

SECTION 605  
TALLAHASSEE, FL

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CUSTOM ADULT PAPER

SECOND: The document number of the corporation (if known): PD 3000153746

THIRD: The file date of the articles of incorporation: 4/2/18

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

REINHOLD STAMMARD

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

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CORPORATIONS  
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## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: CLSTIM PEX + PAGES

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

CRANE CO. OF BUSINESS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1290 HIGHLAND ST  
JACKSON FLA  
34034

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

RONALD SPANGLER  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing