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

P93000018693 DOCUMENT

1. Entity Name

CUSTOM SERVICES OF SOUTH FLORIDA, INC.



Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90164 032 ***150.00

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Principal Pla 1000 NE ZEB JENSEN BEA US	•	Mailing Address POST OFFICE BOX 772 JENSEN BEACH FL 34958 US)) (#11# B11#	†8188 186 1
	· . ·	03				
2. Principal	Place of Business	3. Mailing Address			.1 18118 31118	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING C	HANGES	i
City & Sta		City & State		4. FEI Number CE 0207040	TA	pplied For
Zip	Country	<u> </u>		4. Fel Number 65-0397940		ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Adı e Require	ditional ed
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag		
ITAIIZINO	PMOOLIT		Name	Name		
JENKINS,	DWIGHT ZEBRINA SENDA		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
P.O. BOX						
	BEACH FL 34958					
JEMOEM I	DEACH PL 34936		City	FL	Zip Cod	de
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Po	egistered Agent signature require	d when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jenkins, Dwight 1000 N.E. Zebrina Senda Jensen Beach Fl	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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TITLE NAME STREET ADDRESS CITY-SI-7P		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - 7 IP	С] Change	☐ Addition

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:

UREKresident