

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90140 016 ***150.00

DOCUMENT # P93000078983

1. Entity Name
CUSTOM REALTY, INC.

Principal Place of Business

**336 S. LAKEVIEW DRIVE
 LAKE HELEN FL 32744
 US**

Mailing Address

**336 S. LAKEVIEW DRIVE
 LAKE HELEN FL 32744
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**336 S. Lakeview Drive
 Suite, Apt. #, etc.
 Suite 8**

3. Mailing Address

**336 S. Lakeview Drive
 Suite, Apt. #, etc.
 Suite 8**

City & State

Lake Helen, FL

City & State

Lake Helen, FL

4. FEI Number

59-3212317

Applied For

Not Applicable

Zip

32744

Country

US

Zip

32744

Country

US

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRAVITT, FRANKLIN N
 336 S LAKEVIEW DRIVE
 LAKE HELEN FL 32744**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

336 S. Lakeview Drive Suite 8

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.

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GRAVITT, FRANKLIN N		
STREET ADDRESS	620 LEMON AVENUE		
CITY-ST-ZIP	LAKE HELEN FL 32744		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Franklin N Gravitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/02
Date

386-228-3435
Daytime Phone #

CR2E034 (9/01)