

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010079

1. Entity Name

CUSTOMIZED STRUCTURES OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90010 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1521 GOLDEN GATE BLVD.  
NAPLES FL 34120  
US

1521 GOLDEN GATE BLVD  
NAPLES FL 34120  
US

C0031774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28841 REGIS CT.  
Suite, Apt. #, etc.

3. Mailing Address

28841 REGIS CT.  
Suite, Apt. #, etc.

City & State  
BONITA SPRINGS, FL

City & State  
BONITA SPRINGS, FL

4. FEI Number 65-0416555

Applied For  
Not Applicable

Zip  
34134

Country  
WA

Zip  
34134

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVATORI, LEO J  
4501 TAMiami TRAIL N  
SUITE 300  
NAPLES FL 33940-3060

7. Name and Address of New Registered Agent

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.

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P	<input type="checkbox"/> Delete
HAIMAN, LAWRENCE E.	
239 BAY FRONT DRIVE	
BONITA SPRINGS FL 33923-8548	
VP	<input type="checkbox"/> Delete
WINFIELD, CLAY O.	
849 7TH AVE SOUTH	
NAPLES FL 33942	
ST	<input type="checkbox"/> Delete
WINFIELD, JOHN	
849 7TH AVE SOUTH	
NAPLES FL 33942	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	28841 REGIS CT.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/00

941-992-3818

CR2E034 (9/99)