

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010079

1. Entity Name  
CUSTOMIZED STRUCTURES OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90060 048 \*\*\*150.00

Principal Place of Business

Mailing Address

28841 REGIS CT  
BONITA SPRINGS FL 34134  
US

28841 REGIS CT  
BONITA SPRINGS FL 34134  
US

2. Principal Place of Business

3. Mailing Address

851 E. Lakeview Drive

851 E. Lakeview Drive

Suite, Apt. #, etc.

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

Lee

Zip

34134

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE P  
NAME HAIMAN, LAWRENCE E.  
STREET ADDRESS 28841 REGIS CT  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 851 E. Lakeview Drive  
CITY-ST-ZIP Bonita Springs, FL 34134 ☒ Change ☐ Addition

TITLE VP  
NAME WINFIELD, CLAY O.  
STREET ADDRESS 849 7TH AVE SOUTH  
CITY-ST-ZIP NAPLES FL 33942 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME WINFIELD, JOHN  
STREET ADDRESS 849 7TH AVE SOUTH  
CITY-ST-ZIP NAPLES FL 33942 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/18/01 941948-50

CR2E034 (10/00)