

2000 UNIFORM BUSINESS REPORT (UBR)

0420166

DOCUMENT # P95000021327

1. Entity Name

CUSTOM HOME PRODUCTS, INC.

FILED

00 SEP 27 PM 2: 10

Principal Place of Business

8802 VENTURE COVE
TAMPA FL 33637

Mailing Address

8802 VENTURE COVE
TAMPA FL 33637-6703

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6300 W. KNOX STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15216

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3302595

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33684-5216

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, SUZANNE C CPA
2002 NORTH LOIS AVE.
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

TODD ELOZORY

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

5300 W. KNOX STREET

City

TAMPA

FL

Zip Code

33592

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTES DE OCA, JERRY L	
STREET ADDRESS	8802 VENTURE COVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELOZORY, TODD D	
STREET ADDRESS	8802 VENTURE COVE P.O. Box 15216	
CITY-ST-ZIP	TAMPA FL 33637 TAMPA, FL 33684	
TITLE	ELOZORY, JAMET	<input type="checkbox"/> Delete
NAME	(11431) KNIGHTS GRIFFIN RD	
STREET ADDRESS	THONOTOSASSA, FL 33592	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELOZORY, JAMET L.	
STREET ADDRESS	11431 KNIGHTS GRIFFIN RD	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELOZORY, TODD D.	
STREET ADDRESS	P.O. Box 15216	
CITY-ST-ZIP	TAMPA, FL 33684-5216	
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
NAME		
STREET ADDRESS		
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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)