

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060838

1. Entity Name

CUSTOM CONVERTERS SALES, INC.

Principal Place of Business

Mailing Address

5419 PROVOST DRIVE  
HOLIDAY FL 34690  
US

5419 PROVOST DRIVE  
HOLIDAY FL 34690-2939  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FERNANDEZ, RONALD  
5419 PROVOST DRIVE  
HOLIDAY FL 34690

Name

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

City

FL

Zip Code

4. FEI Number

59-3333101

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 PD ☐ Delete  
NAME VASSALLO, RONALD  
STREET ADDRESS 5419 PROVOST DRIVE  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE VSTD ☐ Delete  
NAME FERNANDEZ, RONALD  
STREET ADDRESS 1791 ROYAL OAK PL. W  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE SVPD ☐ Delete  
NAME ELI GERSON  
STREET ADDRESS 1166 BROOK DR E.  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE SVPD ☐ Delete  
NAME ROBIN HIRSCHBERG  
STREET ADDRESS 1574 GLENN COURT  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐

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

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

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TITLE ☐ Change ☐  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90075 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE