

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90103 003 ***150.00

0548662 AV

DOCUMENT # P95000060838

1. Entity Name:
CUSTOM CONVERTERS SALES, INC.

Principal Place of Business
5419 PROVOST DRIVE
HOLIDAY FL 34690
US

Mailing Address
5419 PROVOST DRIVE
HOLIDAY FL 34690
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3333101**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FERNANDEZ, RONALD
5419 PROVOST DRIVE
HOLIDAY FL 34690

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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VASSALLO, RONALD	
STREET ADDRESS	5419 PROVOST DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RONALD	
STREET ADDRESS	1791 ROYAL OAK PL. W	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	GERSON, ELI	
STREET ADDRESS	1166 BROOK DR. E	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	HIRSCHBERG, ROBIN	
STREET ADDRESS	1574 GLENN COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD VASSALLO	
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		
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:

RONALD VASSALLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-02

727-945-8181

Date

Daytime Phone #

CR2E034 (9/01)