

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000092046**

1. Entity Name

CUSTOM CONTRACTING OF BREVARD INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 3:14

Principal Place of Business

**950 Citrus Avenue, N.E.
Palm Bay, FL 32905**

Mailing Address

**950 Citrus Ave., N.E.
Palm Bay, FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3353603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES B. DOVEL

**950 CITRUS AVENUE, N.E.
PALM BAY, FL 32905**

Name

Street Address (P.O. Box Numbers 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	JAMES B, DOVEL	950 CITRUS AVE., N.E.	PALM BAY, FL 32905	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JAMES B DOVEL

3-20-00

Date

407-722-9736

Daytime Phone #

CR2E034 (9/99)

Custom Contracting Of Brevard

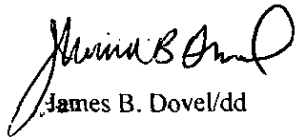
Custom Contracting Of Brevard
950 Citrus Ave. N E
Plam Bay Fl.

TO WHOM IT MAY CONERN:

Please find enclosed, my check for, 1999 and 2000.

After receiving the enclosed letter, I called the number listed and was informed to enclose a check for both 1999 and 2000 in the amount of \$300.00. The forms were sent to my previous address and not forwarded to my present address, therefore, I know realized that any change in address your office must be notified in writting . I appoligize for any inconviene this may have caused and appreciate your understanding.

Thank you,



James B. Dovel/dd