

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90379 032 ***150.00

DOCUMENT # P96000009788

1. Entity Name **CUSTOM HOMES BYC & J, INC.**

Principal Place of Business

**2594 SE WELSH ST.
 PORT ST LUCIE FL 34984**

Mailing Address

**2594 SE WELSH ST
 PORT ST LUCIE FL 34984**

2. Principal Place of Business

1480 SE Bayharbor St.

Suite, Apt. #, etc.

3. Mailing Address

1480 SE Bayharbor St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie FL

City & State
Port St. Lucie, FL

4. FEI Number **65-0668422**

Applied For
 Not Applicable

Zip
34983

Country
USA

Zip
34983

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L
 1595 SE PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **TELESE, JOSEPH A JR**
 STREET ADDRESS **2594 SE WELSH ST**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE **T** ☒ Delete
 NAME **JENSEN, WILLIAM**
 STREET ADDRESS **238 SW HOLDEN TERR**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE **S** ☐ Delete
 NAME **TELESE, CATHY**
 STREET ADDRESS **2594 SE WELSH ST**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE **V** ☒ Delete
 NAME **HARLESS, RONALD**
 STREET ADDRESS **508 AZALEA AVENUE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE **VP** ☐ Change ☒ Addition
 NAME **GENTER, BRAD**
 STREET ADDRESS **1771 AIRSO BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **T** ☒ Change ☐ Addition
 NAME **HARLESS, RONALD**
 STREET ADDRESS **508 AZALEA AVE**
 CITY-ST-ZIP **FORT PIERCE, FL 34982**

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

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

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

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

4/11/02 (772) 878-2223
 Date Daytime Phone #

CR2E034 (9/01)