

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90326 036 \*\*\*550.00

**DOCUMENT # P96000052819**

**1. Entity Name**  
**CUSTOM MARINE INSULATION, INC.**

**Principal Place of Business**

**6861 MCCLELLAN ST.**  
**HOLLYWOOD FL 33024**

**Mailing Address**

**6861 MCCLELLAN ST.**  
**HOLLYWOOD FL 33024**

**2. Principal Place of Business**

**1417 SW. 1st Avenue**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Fort. Lauderdale, FL**

**City & State**

**Zip**

**Country**

**33315**

**USA**

**4. FEI Number**

**65-0681259**

**Applied For**

**Not Applicable**

**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**

**SERFATY, CHARLES S**  
**4330 SHERIDAN ST.**  
**SUITE 202-B**  
**HOLLYWOOD FL 33021**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **DPT** ☐ Delete  
**NAME** **METCALF, JESSE**  
**STREET ADDRESS** **6861 MCCLELLAN ST.**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33024**

**TITLE** **DPT** ☒ Change ☐ Addition  
**NAME** **metcalf, Jesse**  
**STREET ADDRESS** **2710 SW 18th Street**  
**CITY-ST-ZIP** **Fort Lauderdale, FL 33312**

**TITLE** **DVS** ☐ Delete  
**NAME** **DANE, H.J.**  
**STREET ADDRESS** **6861 MCCLELLAN ST.**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33024**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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: X** **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 524-4740

CR2E034 (4/02)