

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
 04-23-2002 90360 036 \*\*\*150.00

**DOCUMENT #** P96000053780 *per Ton check*  
**1. Entity Name**  
**CUSTOM TAGS & TEE'S, INC.**

**Principal Place of Business** **Mailing Address**  
**17421 MEADOW LAKE CIRCLE** **17421 MEADOW LAKE CIRCLE**  
**FT. MYERS FL 33912** **FT. MYERS FL 33912**

**2. Principal Place of Business** **3. Mailing Address**  
*4125 Cleveland Avenue* *7910 Twin Eagle Lane*

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
*Box #122*

**City & State** **City & State**  
*Fort Myers FL.* *Fort Myers FL.*

**Zip** **Country** **Zip** **Country**  
*33901* *USA* *33912* *USA*



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**LESLIE, BRADFORD J.**  
**17421 MEADOW LAKE CIRCLE**  
**FT. MYERS FL 33912**

**4. FEI Number** **65-0680301** **Applied For**  
 Not Applicable

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

**7. Name and Address of New Registered Agent**  
**Name** *BRAD Leslie*  
**Street Address (P.O. Box Number is Not Acceptable)** *7910 Twin Eagle Lane*  
**City** *Fort Myers* **State** *FL* **Zip Code** *33912*

**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** *Bradford J. Leslie* **DATE** *4/11/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐ **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		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>LESLIE, BRADFORD J</b>		<b>NAME</b>	<i>Bradford J. Leslie</i>	
<b>STREET ADDRESS</b>	<b>17421 MEADOW LAKE CIRCLE</b>		<b>STREET ADDRESS</b>	<i>7910 Twin Eagle Lane</i>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33912</b>		<b>CITY-ST-ZIP</b>	<i>Fort Myers FL 33912</i>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>LESLIE, CLIFFORD B</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>17421 MEADOW LAKE CIRCLE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33912</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** *Bradford J. Leslie* **DATE** *4/11/02* **(941) 278-4525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)