

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90056 030 ***150.00

DOCUMENT # P96000072837**1. Entity Name**
CUSTOMWORKS CADIZ, INC.**Principal Place of Business**
11793 S US HIGHWAY 441
BELLEVUE FL 34420**Mailing Address**
11793 S US HIGHWAY 441
C-25 A
BELLEVUE FL 34420**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3401004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BULLARD, J. WARREN**
121 N.W. THIRD AVENUE
OCALA FL 34475**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **NATALINO, THOMAS F**
STREET ADDRESS **10745 S.E. CR 464**
CITY-ST-ZIP **CANDLER FL 32111****TITLE** **D** ☐ Delete
NAME **NATALINO, COLLEEN M**
STREET ADDRESS **10745 S.E. CR 464**
CITY-ST-ZIP **CANDLER FL 32111****TITLE** **D** ☐ Delete
NAME **MAY, KEVIN H**
STREET ADDRESS **4380 S.W. 130TH PLACE**
CITY-ST-ZIP **BELLEVUE FL 34420****TITLE** **D** ☐ Delete
NAME **MAY, JANEEN M**
STREET ADDRESS **4380 S.W. 130TH PLACE**
CITY-ST-ZIP **BELLEVUE FL 34420****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** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:** *Colleen Natalino* **Colleen Natalino** **1/5/00 (352) 347-5771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)