

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90029 002 ***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
 BELLEVUE FL 34420**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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, 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	<input type="checkbox"/> Delete
NAME	NATALINO, THOMAS F	
STREET ADDRESS	10745 S.E. CR 464	
CITY-ST-ZIP	CANDLER FL 32111	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATALINO, COLLEEN M	
STREET ADDRESS	10745 S.E. CR 464	
CITY-ST-ZIP	CANDLER FL 32111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, KEVIN H	
STREET ADDRESS	4380 S.W. 130TH PLACE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, JANEEN M	
STREET ADDRESS	4380 S.W. 130TH PLACE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Colleen Natalino* **Colleen Natalino** 1/12/02 352 347 5771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)