## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000094224

1. Entity Name

CUSTOM WORKSTATIONS, INC.

Principal Place of Business 1346 N. STATE RD. 7 MARGATE FL 33063

Mailing Address

1346 N. STATE RD. 7 MARGATE FL 33063-2843

## FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90105 018 \*\*\*150.00

Signature, typed or primed name of registeried agent and stell applicable. (NOTE: Registeried Agent signature required when reversioning)  9. This corporation is eligible to salishly its Intangible Tax Riling requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  PUPARD, MARY  3800 N.W. 11TH ST.  COCONUT CREEK FL 33066  PUPARD, RICHARD  3800 N.W. 11TH ST.  COCONUT. CREEK FL 33066  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  TREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  MAKE  STREET ADDRESS  CITY-ST-2P  Change  Addition  A	}		US								
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City & State    Country   Zin	, Principal Pla	ace of Business	3. Mailing Address		<u> </u>						
South   Sout	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.	·				DO NOT WE	RITE IN THIS S	SPACE	
EXPLANCE STATES AND DIRECTORS 1. Country 2. Desire 1. Country 2. Desire 1. Country 3. Name and Address of New Registered Agent 7. Name Agent 7. Name and Address of New Registered Agent 7. Name and A	City & State	!	City & State	City & State			FEI Number	65-07243	01		
FLE NOWEST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN SIREST ADDRESS ON W. 11TH ST.  COCONUT CREEK FL 33066  City FL Zip Code  City FL	Zip	Country	Zip	Coun	ntry	5.	Certificate of	Status Desired		\$8.75 Add	litional
PUPARD, MARY 3800 N.W. 11TH ST. COCONUT CREEK FL 33086  City FL Zip Code  City FL Zi		C. Nows and Address of Current Penintoned Agent		1							
3800 N.W. 11TH ST. COCONUT CREEK FL 33066  City FL Zip Code  City		o, Haine and Address of Current	togistored Agent		Name						
City FL Zip Code  City FL Zip	3800	N.W. 11TH ST.			Street Addres	ss (P.O. I	Box Number i	s Not Acceptab	le)		
IGNATURE    Gradulure, typeed or printed name of registation agent and clief if application. (NOTE, Registation Agent signature required when remistationg)   DATE	000	SHOT SHEEK TE SSSSS			City				FL	Zip Cod	e
IGNATURE    Gradulure, typeed or printed name of registation agent and clief if application. (NOTE, Registation Agent signature required when remistationg)   DATE	The above	named antity submits this statement for	the purpose of changing its	register	ed office or regis	stered a	nent or both	in the State of F	lorida.	_ <del> </del>	
Signature, typed or primed name of registeried agent and stell applicable. (NOTE: Registeried Agent signature required when reversioning)  9. This corporation is eligible to salishly its Intangible Tax Riling requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  PUPARD, MARY  3800 N.W. 11TH ST.  COCONUT CREEK FL 33066  PUPARD, RICHARD  3800 N.W. 11TH ST.  COCONUT. CREEK FL 33066  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  TREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  MAKE  STREET ADDRESS  CITY-ST-2P  Change  Addition  A	, The above i	married entity submits this statement for	the purpose of changing its	register	ca office of regic	, corou u	90111, 07 00111,	III III O GLAIG G			
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After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State    Control on back	IGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signature requ	uired when	reinstating)		DATE		
Tax filing requirement and elects to do so. (See oriteria on back)   After MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution.   Addition					<u></u>		<del>т -</del>			<u> </u>	
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3. 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	CITY-ST-ZIP								<b></b>		

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 attactment with an address, with all other like empowered.