

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90024 043 ***150.00

DOCUMENT # P96000101504

1. Entity Name
CUSTOM COATINGS AND ACCESSORIES, INC.

Principal Place of Business
1025 NE 5TH TERRACE
FT. LAUDERDALE FL 33304
US

Mailing Address
1025 NE 5TH TERRACE
FT. LAUDERDALE FL 33304
US



2. Principal Place of Business
1100 N.E. 5 Terrace
Suite, Apt. #, etc.

3. Mailing Address
1100 N.E. 5 Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. Lauderdale, FL
Zip
33304
Country
USA

City & State
FT. Lauderdale, FL
Zip
33304
Country
USA

4. FEI Number **65-0711107**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUNTHER, LAURA
1025 NE 5TH TERRACE
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **Kenny Hale**
Street Address (P.O. Box Number is Not Acceptable)
245 N.E. 17 CT.
City **FT. Lauderdale** **FL** **Zip Code** **33305**

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 **Kenny Hale** **1/9/02'**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GUNTHER, DAVID	
STREET ADDRESS	3985 S.W. 15TH ST., A204	
CITY-ST-ZIP	POMPANO FL 33051	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALE, MICHAEL	
STREET ADDRESS	1931 NE 52ND CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Gunther	
STREET ADDRESS	3800 NW 71 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
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		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02' (954) 467-2468
Date **Daytime Phone #**

CR2E034 (9/01)