

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/9.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

DOCUMENT # **P97000037227**

1. Entity Name

**CUSTOM TOUCH CONSTRUCTION, INC.**

Principal Place of Business

**3314 ALAMAR ST  
LUTZ FL 33549**

Mailing Address

**3314 ALAMAR ST  
LUTZ FL 33549-4942**

2. Principal Place of Business

**19721 COURTNEY JO LN**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LUTZ FL**

City & State

4. FEI Number

**59-3174410**

Applied For

Not Applicable

Zip

Country

**33549**

**Hills**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPAACK, EVAN C  
3314 ALAMAR ST  
LUTZ FL 33549**

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, 2000 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

TITLE  
NAME

**D  
SPAACK, EVAN C  
3314 ALAMAR ST  
LUTZ FL 33549**

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME

**D  
SPAACK, DONNA M  
3314 ALAMAR ST  
LUTZ FL 33549**

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME

**V  
PORCH, MICHAEL A  
4735 S. BREEZE DR  
TAMPA FL 33624**

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

**UBR REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**  
Date

**813-624-7987**  
Daytime Phone #

CR2E034 (9/99)