

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055025

1. Entity Name

CUSTOM BUILT SCREEN ENCLOSURES OF LEE CO., INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90096 036 ***150.00

Principal Place of Business

Mailing Address

914 SE 9TH ST
UNIT B
CAPE CORAL FL 33990
US

5351 COLONY CT
CAPE CORAL FL 33904
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

745 NE 19th PL

5351 COLONY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E

5351 COLONY CT

City & State

City & State

CAPE CORAL, FL

Zip

Country

Zip

Country

33903

USA

4. FEI Number 65-0766925

Applied For

Not Applicable

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

HEMED, DAVID
5351 COLONY COURT
CAPE CORAL FL 33904

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSVT ☐ Delete
NAME HEMED, DAVID
STREET ADDRESS 161 SW 54TH ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

DAVID HEMED

2-6-01

Date

941-772-8136

Daytime Phone #

CR2E034 (10/00)