

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055025

1. Entity Name
CUSTOM BUILT SCREEN ENCLOSURES OF LEE CO., INC.

Principal Place of Business
745 NE 19TH PL
D
CAPE CORAL FL 33903
US

Mailing Address
5351 COLONY CT
CAPE CORAL FL 33904
US

2. Principal Place of Business
745 NE 19TH PL
Suite, Apt. #, etc.
SUITE 'E'

3. Mailing Address
Suite, Apt. #, etc.

City & State
NORTH FORT MYERS, FL

Zip
33903

Country
USA

City & State

Zip

Country

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

HEMED, DAVID
5351 COLONY COURT
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
HEMED, DAVID
Street Address (P.O. Box Number is Not Acceptable)
1930 SE 21ST TERR
City
CAPE CORAL FL Zip Code
33990

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 *David Hemed* DAVID HEMED PRES.

DATE
1-7-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSVT HEMED, DAVID 161 SW 54TH ST CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEMED, DAVID 1930 SE 21ST TERR CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.T. HEMED, JACOB 2107 SW 52ND ST CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMBRAWSKI, ALIZA 5351 COLONY CT CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Hemed* DAVID HEMED PRES.

DATE
1-7-02 1-941-772-8126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90021 023 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)