

DOCUMENT # P97000057509

1. Entity Name  
CUSTOM BOAT TOPS & UPHOLSTERY, INC.

Principal Place of Business  
651 BLUE LANE  
PORT CHARLOTTE FL 33952-6449

Mailing Address  
651 BLUE LANE  
PORT CHARLOTTE FL 33952-6449

2. Principal Place of Business  
651 BLUE LANE  
Suite, Apt. # etc.

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

City & State  
PORT CHARLOTTE FLA  
Zip  
33952  
Country  
CHARLOTTE

City & State  
"

Zip  
" Country

4. FEI Number 65-0766257

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VITUJ, JAMES  
651 BLUE LANE  
PORT CHARLOTTE FL 33952-6449

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VITUJ, JAMES L	20437 MIDWAY BLVD	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
VP	VITUJ, JOAN M	17395 HILLSBOROUGH BLVD	PORT CHARLOTTE FL 33954	<input type="checkbox"/>
S	VITUJ, JEFF W	651 BLUE LANE	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
T	VITUJ, LARRY F	651 BLUE LANE	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90044 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)