

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072412

1. Entity Name

CUSTOM FINANCIAL SERVICES OF ENGLEWOOD, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90139 035 ***158.75

Principal Place of Business

2411 S MCCALL RD
STE G
ENGLEWOOD FL 34224

Mailing Address

2411 S MCCALL RD
STE G
ENGLEWOOD FL 34224-5100

2. Principal Place of Business

686 N Indiana Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Ste B

Suite, Apt. #, etc.

City & State

City & State

Englewood FL

Zip

34223

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0776615

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KNAUF, MARK H
13100 MCCALL RD #179
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name Mark Knauf
Street Address (P.O. Box Number is Not Acceptable)

686 N. Indiana Ave Ste B
City Englewood FL Zip Code 34223

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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

TITLE P
NAME KNAUF, MARK H
STREET ADDRESS 13100 MCCALL RD #179
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Mark Knauf
STREET ADDRESS 686 N. Indiana Ave Ste B
CITY-ST-ZIP Englewood FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

(941) 474-5450

Date

Daytime Phone #

CR2E034 (9/99)