

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90110 021 ***150.00

DOCUMENT # P97000077241

1. Entity Name
CALIFORNIA CUSTOMS & RESTYLING INC.

Principal Place of Business
1040 OCOEE-APOPKA RD.
STE 340
APOPKA FL 32703

Mailing Address
1040 OCOEE-APOPKA RD.
STE 340
APOPKA FL 32703

00052030

2. Principal Place of Business
1155 BELLE AVE

3. Mailing Address
2013 JOHN HENRY CIRCLE

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.
APT. 520

City & State
WINTER SPRINGS

City & State
APOPKA FL

Zip
32750

Country
SEMINOLE

Zip
32703

Country
ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3467914**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANDOVAL, ANGEL M
752 SEMINOLE AVE.
LONGWOOD FL 32750

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	Delete
	S	SANDOVAL, KAREN S	752 SEMINOLE AVE.	<input checked="" type="checkbox"/>
		LONGWOOD FL 32750		
	PSTD	SANDOVAL, ANGEL M	752 SEMINOLE AVE.	<input type="checkbox"/>
		LONGWOOD FL 32750		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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	Change	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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

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 #

4-26-2001 407-948-8330