

FROM :

PHONE NO. :

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000102743**

1. Entity Name

Custom Fit Boca, Inc.

Principal Place of Business
7078 Beracosa Way
Boca Raton, FL 33433

Mailing Address
7078 Beracosa Way
Boca Raton, FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0798703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Michael P. Cavallo

Name

7078 Beracosa Way

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

Boca Raton, FL 33433

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 remaining.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.) ☒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 ☐ Delete
 NAME **Michael P. Cavallo**
 STREET ADDRESS **7078 Beracosa Way**
 CITY-STATE-ZIP **Boca Raton, FL 33433**

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

TITLE ☐ Delete
 NAME **Jeffrey Cavallo**
 STREET ADDRESS **7078 Beracosa Way**
 CITY-STATE-ZIP **Boca Raton, FL 33433**

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

TITLE ☐ Delete
 NAME **John Cavallo**
 STREET ADDRESS **7078 Beracosa Way**
 CITY-STATE-ZIP **Boca Raton, FL 33433**

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

TITLE ☐ Delete
 NAME **David Weinbaum**
 STREET ADDRESS **3561 N.W. 61st Circle**
 CITY-STATE-ZIP **Boca Raton, FL 33496**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 address, with all other the employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.29.02 (561) 91-2324

Date

Signature #

C0125034 (5/01)