

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90017 002 ***150.00

DOCUMENT # P97000103049

1. Entity Name
THE CUSTARD STORE, INC.

Principal Place of Business
303 US 301 WEST
SPACE #907
BRADENTON FL 34205
US

Mailing Address
4550 47TH ST. W.
APT. 403
BRADENTON FL 34210
US

2. Principal Place of Business

3. Mailing Address
5135 41ST Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bradenton, FL

4. FEI Number
52-2068628

Applied For
 Not Applicable

Zip

Country

Zip
34210

Country
U.S.A

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RINCON, ANDRES**
 STREET ADDRESS **4550 47TH ST. W. APT. 403**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE ☐ Change ☐ Addition
 NAME **Rincon, Andres**
 STREET ADDRESS **5135 41st Street West**
 CITY-ST-ZIP **Bradenton, FL 34210**

TITLE **D** ☐ Delete
 NAME **VENTOLA, KARIN**
 STREET ADDRESS **3930 75TH ST. WEST, APT. 1616**
 CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 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 information.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02 (941)685-9404
 Date Daytime Phone #

CR2E034 (9/01)