## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P9800001330 CUSTOM DESIGN ALUMINUM, INC. 01-29-2001 90159 039 \*\*\*150.00 Principal Place of Business Mailing Address 2462 LAFAYETTE STREET 2462 LAFAYETTE STREET FORT MYERS FL 33901 FORT MYERS FL 33901 TOULLD 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0804504 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON: RAY Street Address (P.O. Box Number is Not Acceptable) 2462 LAFAYETTE STREET FORT MYERS FL 33901 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. VD Change Delete Addition TITLE TITLE GORDON, RAY NAME NAME STREET ADDRESS 2462 LAFAYETTE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FÖRT MYERS FL 33901 Delete PRES. TITLE TITLE NAME KENNEDY, NOEL BRUND, FRANK STREET ADDRESS 2462 LAFAMETTE MGET STREET ADDRESS 2462 LAFAYETTE ST. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 FORT MYERS, FL 33901 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IE 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 like empowered.

SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR