

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019941

1. Entity Name

COVER GIRL CUSTOM MARINE CANVAS & UPHOLSTERY, IN

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90329 042 \*\*\*150.00

Principal Place of Business

913 SW 6TH AVE.  
CAPE CORAL FL 33991

Mailing Address

913 SW 6TH AVE.  
CAPE CORAL FL 33991

60018859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1020 Pine Island Rd

3. Mailing Address

1020 Pine Island Rd

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number 65-0815045

Applied For

Not Applicable

Zip

33909

Country

USA

Zip

33909

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ILIANA  
2508 ANDALUSIA BLVD. #4  
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

RODRIGUEZ, ILIANA

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

1020 Pine Island Rd #203

City

CAPE CORAL

FL

Zip Code

33909

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

ILIANA RODRIGUEZ

*[Signature]* 1/31/01

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ILIANA 5411 SW 17TH AVE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FIDEL 5411 SW 17TH AVE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, ILIANA 1020 Pine Island Rd #203 CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, FIDEL 1020 Pine Island Rd #203 CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/31/01

Date

141-242 6674

Daytime Phone #

CR2E034 (10/00)