

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025700

1. Entity Name

CUSTOM COMPUTER SOLUTIONS INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90073 002 ***150.00

Principal Place of Business

2425 N COURTNEY PKWY
#6
MERRITT ISLAND FL 32953
US

Mailing Address

2425 N COURTNEY PKWY
#6
MERRITT ISLAND FL 32953-4181
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504933

Applied For

Not Applicable

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

PETERSON, JASON
3061 SEA GATE CIRCLE
MERRITT ISLAND FL 32953

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)

5/1/2000
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, 2000 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 ROCHE, CHRISTOPHER G
STREET ADDRESS 215 NORTHGROVE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953-7957

TITLE D ☒ Change ☐ Addition
NAME Jason Peterson
STREET ADDRESS 3061 Sea Gate Cir
CITY-ST-ZIP Merritt Island FL 32953

TITLE D ☒ Delete
NAME GALLOWAY, RAYMOND
STREET ADDRESS 6057 CARDITT AVE
CITY-ST-ZIP PT ST JOHN FL 32927

TITLE D ☒ Change ☐ Addition
NAME Raymond Galloway
STREET ADDRESS 6057 Carditt Ave
CITY-ST-ZIP Port St John FL 32927

TITLE D ☒ Delete
NAME BRADLEY, KEVIN SR
STREET ADDRESS 1004 GEORGE AVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☒ Change ☐ Addition
NAME Kevin Bradley SR
STREET ADDRESS 1004 George Ave
CITY-ST-ZIP Rockledge FL 32955

TITLE D ☒ Delete
NAME PETERSTON, JASON
STREET ADDRESS 3061 SEAGATE CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☒ Change ☐ Addition
NAME Christopher G Roche
STREET ADDRESS 215 Northgrove Drive
CITY-ST-ZIP Merritt Island FL 32953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000
Date

321-454-6852
Daytime Phone #

CR2E034 (9/99)