

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042183

1. Entity Name

CUSTOM FINISHES BY JAMES, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90030 035 \*\*\*150.00

Principal Place of Business

Mailing Address

900 26TH STREET  
WEST PALM BEACH FL 33407  
US

10693 NORTH MILITARY TRAIL  
SUITE 12  
PALM BEACH GARDENS FL 33410-6536  
US

2. Principal Place of Business

3. Mailing Address

4010 Miller Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach

4. FEI Number

65-0832219

Applied For

Not Applicable

Zip

Country

Zip

Country

33405

USA

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

JONES, JAMES E  
2423 WATERSIDE CIRCLE  
LAKE WORTH FL 33461

Name

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

10693 N. Military Tr #12

City

Palm Beach Gardens

FL

Zip Code

33410

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 fee 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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, JAMES E  
2423 WATERSIDE CIRCLE  
LAKE WORTH FL 33461 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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

Date

Daytime Phone #

2-18-00 561  
835-9659

CR2E034 (9/99)