

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 047 ***150.00

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DOCUMENT # P98000042183

1. Entity Name
CUSTOM FINISHES BY JAMES, INC.



Principal Place of Business
**4010 MILLES AVE
WEST PALM BEACH FL 33405
US**

Mailing Address
**10693 NORTH MILITARY TRAIL
SUITE 12
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business

600 Roseland Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

4. FEI Number **65-0832219**

Applied For
Not Applicable

Zip

33405

Country

USA

Zip

Country

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

10693 N MILITARY TR

#12

PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JAMES E	
STREET ADDRESS	2423 WATERSIDE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, JAMES E	
STREET ADDRESS	10693 N MILITARY TR, #12	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RE JAMES E JONES

6/3/03

561 835 9659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)