

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000059392**

1. Entity Name

CUSTOM ART COMPANY, INC.

Principal Place of Business

**2508 BRITANNIA RD
SARASOTA FL 34231**

Mailing Address

**2508 BRITANNIA RD
SARASOTA FL 34231**

2. Principal Place of Business

4545 Marriott Court

3. Mailing Address

4545 Marriott Court

Suite, Apt. #, etc.

Unit E

Suite, Apt. #, etc.

Unit E

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34233

Country

Sarasota

Zip

34233

Country

Sarasota

6. Name and Address of Current Registered Agent

**EIDGE, JUDY
2508 BRITANNIA RD
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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)

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. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EIDGE, JUDY	
STREET ADDRESS	2508 BRITANNIA RD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Eidge, Mary	
STREET ADDRESS	2310 Goldenrod St.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Judy Eidge 2/5/01

Date

(941) 927-0810

Daytime Phone #

FILED**Feb 15, 2001 8:00 am
Secretary of State**

02-15-2001 90019 007 ***150.00

C0021445

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0855585**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)