## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000064337**

1. Entity Name

## CUSTOM CARPENTRY UNLIMITED, INC.

Principal Place of Business . Mailing Address

12670 1587H COURT NORTH

INDITER FL 33478

Mailing Address

12670 1587H COURT NORTH

JUPITER FL 33478-6653

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90105 047 \*\*\*150.00

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. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 65-0894715 Applied For Not Applicable			
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Addit	tional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
LUECK, CARL A 12670 158TH COURT NORTH JUPITER FL 33478			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
JUFI	IEN FL 33470		City			Zip Code		
		•	0.0,		FI	-		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			NOTE Registered Agent signatures W!!! FEE IS \$150.0 2000 Fee will be \$50 yable to Department	0 50.00	10. Election Campaign Financing	\$5.00	May Be to Fees	
11.	OFFICERS A	ND DIRECTORS	12.	ΑL	DDITIONS/CHANGES TO OFFICERS AN	D.DIRECTORS	IN.11	
ITLE IAME TREET ADDRESS CITY-ST-ZIP	D LUECK, CARL A 12670 158TH COURT NORTH JUPITER FL 33478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
ITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000	The second se	Change -	Addition :	
ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 12 if changed or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND CONTINUES

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

4-18-00

561-310-9690

Daytime Phone

☐ Change

☐ Change

☐ Addition

☐ Addition

;R2E034 (9/99)