

2002
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 024 ***150.00

DOCUMENT # P98 000093345

1. Entity Name

Alternative Custom Designs, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 260879

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 260879

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0875386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lance P. Mirrer, CPA

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

5400 S. University Drive

Suite 601

City

Davis

FL

Zip Code

33328

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

4/23/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 to May 15 Fee is \$150.00

After May 15 Fee is \$350.00

Amended UBR is \$60.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVTS
Richard Krowlikowski
P.O. Box 260879
Pembroke Pines, FL 33026

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02

CR2034B (12/01)