## 2002 Uniform Business Report (UBR) Apr 10, 2002 8:00 am Secretary of State P98000102917 DOCUMENT # 1. Entity Name CUSTOM TEE'S AND SOUVENIRS, INC. 04-10-2002 90471 025 \*\*\*150.00 Principal Place of Business Mailing Address 12224 NW 35 STREET 12223 NW 35TH AVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business Mailing Address Suite. Apt. #\_etc.-DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0874929 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3065 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASSIMINO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 12221 NW 35 STREET CORAL SPRINGS FL 33065 City 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) .9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01 TITLE ☐ Delete TITLE Change Addition MASSIMINO, ANTHONY NAME NAME 12221 NW 35 STREET STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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