

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005533

1. Entity Name
PURITAN CUSTOM GOLF, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90137 018 ***150.00

Principal Place of Business
919 S.E. 13TH AVE.
CAPE CORAL FL 33990

Mailing Address
919 S.E. 13TH AVE.
CAPE CORAL FL 33909-2134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1302 Pine Island Rd #3

3. Mailing Address
1302 Pine Island Rd #3

City & State
Cape Coral FL
Zip
33909

City & State
Cape Coral FL
Zip
33909

4. FEI Number
31-1634152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, FRANK
919 S.E. 13TH AVE.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent
Name
Williams, Frank
Street Address (P.O. Box Number is Not Acceptable)
1302 Pine Island Rd #3
City
Cape Coral FL Zip Code
33909

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 _____ DATE _____
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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WILLIAMS, FRANK 919 S.E. 13TH AVE. CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Williams, Frank 1302 Pine Island Rd #3 Cape Coral FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Williams REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 941 573-9446
Date Daytime Phone #

CR2E034 (9/99)