

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90306 004 ***150.00

DOCUMENT # P99000014456

1. Entity Name
CUSTOM SURROUNDINGS, INC.

Principal Place of Business
**4425 CROOKED BROOK CT.
 JACKSONVILLE FL 32224**

Mailing Address
**4425 CROOKED BROOK CT.
 JACKSONVILLE FL 32224**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 OLDFIELD CROSSING DR 3900 OLDFIELD CROSSING DR

3. Mailing Address

3900 OLDFIELD CROSSING DR

Suite, Apt. #, etc.

1120

Suite, Apt. #, etc.

1120

City & State

JAX, FL

City & State

JAX, FL

4. FEI Number **59-3556564**

Applied For

Not Applicable

Zip

32223

Country

DUVAL

Zip

32223

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, LANCE A
 4425 CROOKED BROOK CT.
 JACKSONVILLE FL 32224**

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, 2002 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 **PD** ☐ Delete
 NAME **REYNOLDS, LANCE A**
 STREET ADDRESS **4425 CROOKED BROOK CT.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **SD** ☐ Delete
 NAME **REYNOLDS, DONNA L**
 STREET ADDRESS **4425 CROOKED BROOK CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **PAUL GERRIER**
 CITY-ST-ZIP **13080 CHETS CREEK DR N JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

LANCE A. REYNOLDS

4/30/02 (904)821-7996

Date

Daytime Phone #

CR2E034 (9/01)