

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 014 ***150.00

DOCUMENT # *P99000014456*

1. Entity Name

Custom Surroundings



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3195 ST Johns Bluff RD S

Suite, Apt. #, etc.

7

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Florida

City & State

4. FEI Number

593556564

Applied For

Not Applicable

Zip

32246

Country

Duval

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DERRICK LANCE DORSEY

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

3195 ST. Johns Bluff Road S Suite #7

City

Jacksonville

FL

Zip Code

32246

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Derrick Lance Dorsey

DERRICK LANCE DORSEY

4-7-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>P</i>
NAME	<i>DERRICK LANCE DORSEY</i>
STREET ADDRESS	<i>3195 ST. Johns Bluff RD. S Suite #7</i>
CITY-ST-ZIP	<i>Jacksonville Florida 32246</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Derrick Lance Dorsey *DERRICK LANCE DORSEY* *4-7-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 463-0694

Daytime Phone #

CR2E034B (12/02)