

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023487

1. Entity Name

CUSTOM PRODUCTION INCORPORATED

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90140 003 \*\*\*150.00

Principal Place of Business

Mailing Address

309 COUNTRY CLUB DR.  
CRESTVIEW FL 32536

309 COUNTRY CLUB DR.  
CRESTVIEW FL 32536-8429

2. Principal Place of Business

3. Mailing Address

478C JAMES LEE BLVD E.  
Suite, Apt. #, etc.

P.O. Box 515  
Suite, Apt. #, etc.

City & State

CRESTVIEW FL  
Zip 32539 Country

City & State

CRESTVIEW FL  
Zip 32539 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

SAME

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

219 COUNTRY CLUB DR.

City

SAME

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

D. R. Wilkerson President

4/10/2000

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

(NOTE: Registered Agent signature required when reinstalling)

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, 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	P	<input type="checkbox"/> Delete
NAME	WILKERSON, DENNIS R	
STREET ADDRESS	309 COUNTRY CLUB DR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARD, ROBERT L	
STREET ADDRESS	1194 HWY 4-A	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MADDEN, PATSY J	
STREET ADDRESS	309 COUNTRY CLUB DR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	219 COUNTRY CLUB DR.	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSY J. WILKERSON	
STREET ADDRESS	219 COUNTRY CLUB DR.	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

D. R. Wilkerson DENNIS R. WILKERSON

4/10/2000 850-689-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)