

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023487

1. Entity Name

CUSTOM PRODUCTION INCORPORATED

Principal Place of Business

478C JAMES LEE BLVD E
CRESTVIEW FL 32539

Mailing Address

PO BOX 515
CRESTVIEW FL 32539

2. Principal Place of Business

3100 ADORA TEAL WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

CRESTVIEW FL.

Suite, Apt. #, etc.

City & State

City & State

Zip

32539

Country

USA

Zip

Country

4. FEI Number

59-3558547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKERSON, DENNIS R
219 COUNTRY CLUB DR
CRESTVIEW FL 32536

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

DR WILKERSON

DR Wilkerson

4/17/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILKERSON, DENNIS R	
STREET ADDRESS	219 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	WILKERSON, PATSY J	
STREET ADDRESS	219 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARD, ROBERT L.	
STREET ADDRESS	901 MELTON RD	
CITY-ST-ZIP	BAKER FL. 32531	
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		
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:

DR Wilkerson

DENNIS R. WILKERSON

4/17/01

850-689-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90077 045 ***150.00

747656



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)