

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2001 8:00 am
Secretary of State

DOCUMENT # P99000034870

1. Entity Name
 Custom Construction Associates of Florida, Inc.

09-20-2001 90001 032 ***550.00

Principal Place of Business Mailing Address

372 Rookery Court Same
 Marco Island, Florida

2. Principal Place of Business 3. Mailing Address
 372 Rookery Court
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Marco Island, Fl

Zip 34145 Country Zip Country

4. FEI Number 593570415 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

Craig R. Woodward, Esquire
 Woodward, Pires & Lombardo, P.A.
 606 Bald Eagle Drive, Suite 500
 Marco Island, Fl. 34145

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 _____ (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 \$350.00
 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 President/Director ☐ Delete
 NAME Donna L. Lilly
 STREET ADDRESS 372 Rookery Court
 CITY-ST-ZIP Marco Island, Fl. 34145

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

TITLE Vice President/Director ☐ Delete
 NAME Floyd Lilly
 STREET ADDRESS 372 Rookery Court, Marco Island, Florida
 CITY-ST-ZIP 34145

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

TITLE Treasurer ☐ Delete
 NAME Floyd E. Lilly, Jr.
 STREET ADDRESS 372 Rookery Court, Marco Island, Fl.
 CITY-ST-ZIP 34145

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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

Date 9/13/01 Daytime Phone # 944-642-8650

CR2E034 (11/00)