

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000045158

1. Entity Name

CUSTOM CARPENTER SERVICES, INCORPORATED

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90038 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1711 CAMP FLORIDA ROAD  
FL 33510

1711 CAMP FLORIDA ROAD  
BRANDON FL 33510-3937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HEDGEPAATH, DALE  
1711 CAMP FLORIDA ROAD  
BRANDON FL 33510

4. FEI Number

59-3579055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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, 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  
NAME

PTD  
HEDGEPAATH, DALE  
1711 CAMP FLORIDA ROAD  
BRANDON FL 33510

☐ Delete

TITLE  
NAME

VS  
ASHLEY, DOUG  
2801 NORTH BOULEVARD  
TAMPA FL 33602

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/14/00

Date

917-4839

Daytime Phone #

CH2E034 (9/99)