FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91346 018 ***150.00

DOCUMENT # P99000057998

1. Entity Name
CUSTOM MOTORS, INC.

NOLW

669282

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1440 CORAL RIDGE DR	1440 CORAL RIDGE DR
Suite, Apt. #, etc. #183	Suite, Apt. #, etc. #183
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33071 Country	Zip 33071 Country

4. FEI Number 65-0951986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRIGOLA, MICHELLE C. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
LIGHTHOUSE POINT PROF. CENTER
5340 N. FED. HWY, SUITE 104

City LIGHTHOUSE POINT **FL** Zip Code 33064

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / STREET ADDRESS / CITY-ST-ZIP	PD HUYGHE, MICHAEL 1440 CORAL RIDGE DR #183 CORAL SPRINGS, FL 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/6/02 954-444-0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #