2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058224

1. Entity Name
CUSTOM INSTALLERS, INC. ✓

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90015 029 ***550.00

Principal Place of Business
2134 ANDREA LANE #15
FT MYERS FL 33912

Mailing Address
2134 ANDREA LANE #15
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
"SAME"	"SAME"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0930464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY, SUITE 300
FT MYERS FL FL339-19

7. Name and Address of New Registered Agent

Name "NO CHANGE"
Street Address (P.O. Box Number is Not Acceptable) "NO CHANGE"
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAAT, GUSTAV J	NAME	
STREET ADDRESS	2134 ANDREA LANE, #15	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAAT, KAREN S	NAME	SEE ATTACHED
STREET ADDRESS	2134 ANDREA LANE, #15	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/00)

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 REQUIRED 8-28-2000 (941)-433-7729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA

CERTIFICATE OF DEATH

Attachment # 99005824

County File Number — A0077222

State File Number 101

1. DECEASED—NAME (First, Middle, Last) (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
KAREN SUE BRAAT		APRIL 29, 2000	MONTGOMERY
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
MONTGOMERY 36116	YES	BAPTIST MEDICAL CENTER SOUTH	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
E R	NO	WHITE	FEMALE
11. AGE: YRS. 33	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year)
			SEPT. 19, 1966
14. DECEASED'S SOCIAL SECURITY NUMBER			
420-08-9646			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)
12		MARRIED	GUS J. BRAAT, JR.
18. Was Decedent ever in Armed Forces (Specify Yes or No)			
NO			
19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
ALABAMA	FLORIDA	LEE	CAPE CORAL 33907
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address	
NO	8612 EAST PARK	GUS J. BRAAT, JR. -HUSBAND 8612 EAST PARK, CAPE CORAL, FLORIDA 33907	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		27. KIND OF BUSINESS OR INDUSTRY	
VICE PRESIDENT		ROOFING CONSTRUCTION	
28. FATHER—NAME (First, Middle, Last)		29. MAIDEN NAME OF MOTHER—(First, Middle, Last)	
ROBERT BURT		ANNETTE McCORMICK	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
BURIAL	MAY 4, 2000	CORAL RIDGE CEMETERY	CAPE CORAL, FLORIDA
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
CORAL RIDGE FUNERAL HOME 1630 PINE ISLAND RD., CAPE CORAL, FL 33907		Thomas A. Cagle	MAY 6, 2000
37. _ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." _ Medical Examiner / Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature:			38. DATE SIGNED (Month, Day, Year) May 9, 2000
39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	
	April 29, 2000 18:07	C. Kirven Ulmer M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER
1501 Forest Ave. Montgomery, Al. 36106			12831
44. REGISTRAR— Signature (For State or County use only)			45. DATE FILED (Month, Day, Year)
Brenda Davis			May 10, 2000

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple Blunt Force Injuries Associated

DUE TO (OR AS A CONSEQUENCE OF): With Motor Vehicle Accident

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d.

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. — 48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Accident	No	

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
		AM

55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

SSN

NAME OF DECEASED

This is a true and exact copy of the record on file with the Montgomery County Heath Department.

Brenda Davis
Signature of Local or Deputy Registrar

May 11, 2000
Date of Issue