

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91273 024 ***150.00

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DOCUMENT # P99000058224

1. Entity Name
CUSTOM INSTALLERS, INC.



Principal Place of Business
**7920 INTERSTATE CT
BUILDING A
NORTH FORT MYERS FL 33917**

Mailing Address
**7920 INTERSTATE CT
BUILDING A
NORTH FORT MYERS FL 33917**

2. Principal Place of Business
2148 A ANDREA LN
Suite, Apt. #, etc.

3. Mailing Address
2148 A ANDREA LN
Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number **65-0930464**

Applied For
Not Applicable

Zip
33912

Country
LEE

Zip
33912

Country
LEE

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, WILLIAM R
8191 COLLEGE PARKWAY, SUITE 204
FT MYERS FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRAAT, GUSTAV J | |
| STREET ADDRESS | 2134 ANDREA LANE, #15 | |
| CITY-ST-ZIP | FT MYERS FL 33912 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NSICOM REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GUSTAV J BRAAT

4-24-03

Date

239-433-7129

Daytime Phone #

CR2E034 (10/02)