

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90049 002 ***150.00

DOCUMENT # P99000077672

1. Entity Name
SOUTH FLORIDA CUSTOM TRIM, INC.



Principal Place of Business
**13105 VANDERHILT DR #909
NAPLES FL 34110**

Mailing Address
**PO BOX 111301
NAPLES FL 34108**



2. Principal Place of Business

5060 TEAKWOOD DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAPLES, FL

City & State

34119

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0950304**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLLITTO, ERIC

**3105 VANDERBILT DR #909
NAPLES FL 34110**

**5060 TEAKWOOD DR
NAPLES, FL 34119**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PT** ☐ Delete
NAME **SOLLITTO, ERIC**
STREET ADDRESS **3105 VANDERBILT DR 909**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VPS** ☐ Delete
NAME **SOLLITTO, MARK**
STREET ADDRESS **27014 HARBOUR DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Eric Sullitto**
STREET ADDRESS **5060 TEAKWOOD DR**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Change ☐ Addition
NAME **MARK Sullitto**
STREET ADDRESS **5701 HARBORAGE DR**
CITY-ST-ZIP **FT MYERS, FL 33908**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Sullitto

1-19-03

239-253-0321

Date

Daytime Phone #

CR2E034 (10/02)