2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am \{\} DOCUMENT # P99000078671 Secretary of State 1. Entity Name CUSTOM BUILT COMPUTERS, INC. 03-13-2002 90133 013 ***150.00 Principal Place of Business Mailing Address 1880 GRANT RD. 1880 GRANT RD. GRANT FL 32949 GRANT FL 32949 2. Principal Place of Business 3. Mailing Address 2012 TIMBER WOLF TRAIL 2012 TIMBER WOLF TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PALM BAY City & State 4. FEI Number Applied For 59-3596785 ALM BAY Not Applicable Country KA Country \$8.75 Additional 32909 5. Certificate of Status Desired 32909 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALICENTI, GENE R. Street Address (P.O. Box Number is Not Acceptable) BINDA, KENNETH J 1639 GEORGIA STREET N.E. PALM BAY FL 32907 TIMBER WOLF TRAIL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVS TITLE ☐ Delete TITLE Addition CR2E034 (9/01) Change VALICENTI, GENE R VALICENTI, GENE R. NAME : ... NAME 2012 TIMBÉR WOLF TRAIL STREET ADDRESS 1880 GRANT RD. STREET ADDRESS CITY-ST-ZIP GRANT FL 32949 CITY-ST-ZIP PALM BAY, FL. 32909 TITLE VTD Delete TITLE (Change ☐ Addition VALICENTI, GENE R. NAME VALICENTI, GENE R NAME STREET ADDRESS 2012 TIMBER WOLF TRAIL 1880 GRANT RD. STREET ADDRESS CITY-ST-ZIP GRANT FL 32949 CITY-ST-ZIP PALM. BAY, FL. 32909 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-7IP CITY-ST-ZIP 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.

FILED

321-728-7883