## FILED

## 2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (URB

<u> </u>	POSITESS NEPUN
DOCUMENT #	P99000093491
<ol> <li>Entity Name</li> </ol>	
CUSTOM DESIGN ANI	DRAFTING SERVICES INC.



Principal Place of Business

1035 S SERMON BLVD

STE 1040 WINTER PARK FL 32792 Mailing Address

1035 S SERMON BLVD

STE 1040

WINTER PARK FL 32792

Jan 13, 2003 8:00 am Secretary of State
01-13-2003 90138 002 ***150.00

T0002/76 

	Place of Business 3.	Mailing Address							
Suite, Ap	1 101 1110 -011	1035 S. Suite, Apt. #, etc.	DEMOR	<b>かり</b> 日	1				
SUITÉ City & Sta	<u> </u>	SVITE 104C	>		<b>S</b> 0	CHECK HERE IF MAK	KING CHANGE	.S	
WIN		Dity & State	Park		4. FEI Number 5	9-3605576		Applied For Not Applicable	
F.	327921 Olange	H.32792	Country	YSF.	5. Certificate of Sta	atus Desired	<b>\$8.75</b> A Fee Requi	dditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
HOLLAND, JAMES M JR.					DAMES MESTE				
1085 S SERMON BLVD STE 1040				Street Address (P.O. Box Number is Not Acceptable)					
SANFOR	D FL 32773					ALIONAM !	CUAD,		
	·			ITE	1040		<b>1</b> 77.0		
8. The above	e named entity submits this statement for the pu	rnose of changing its re		NTE	P PAOL	_		2792	
the obliga	tions of registered agent.	s pool of dilanging its re	sgistered once o	ir registere	editation of both, in the	ne State of Florida.	rm familiar with	i, and accept	
SIGNATURE		Do. President	M	$M_{ m C}$	A SALLEY	· \	laloz	,	
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: F	Registered Ayent signs	ture required v	when reinstating)	DAT	111		
	ILE NOW!!! FEE IS \$150.00				O. Floation	<u> </u>			
Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State					Campaign Financing di Contribution.		00 May Be	
10.	OFFICERS AND DIRECT		11,		ADDITIONS (CLIAN)	05270.055			
TITLE	PSD	☐ Delete	TITLE	PSO	)	GES TO OFFICERS A	ND DIRECTOR  Change		
NAME STREET ADDRESS	HOLLAND, JAMES M JR 1035 S SERMON BLVD SUITE 1040		NAME		MAL, ONALI	es M.	$12^{\circ}$	Addition	
CITY-ST-ZIP	WINTER PARK FL 32792		STREET ADDRESS CITY-ST-ZIP	1039	5 5,5F	MORAN B	LVOUS	ITE DAD	
JITLE	T	☐ Delete	TITLE	<u> </u>	INTER PF	10K Fl. =	SH2		
NAME CAREET ADDRESS	HOLLAND, SUSAN L		NAME	HOLL	WD, SUSAN	L.	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5206 SMOKEY WATER LANE ORLANDO FL 32792		STREET ADDRESS	520	SMOKEL	WATER	LANE	-	
TITLE		☐ Delete	CITY-ST-ZIP	DUIE	00 , FI.	32765			
NAME -		L.1 Delete	TITLE NAME		· <u></u>		Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS						
TITLE			CITY-ST-ZIP						
NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME				☐ Onlinge	Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby ce indicated o of the corporation of t	ertify that the information supplied with this filing on this report or supplemental report is true and oration or the receive or trustee empowered to or on an attachment with an address, with all of	does not qualify for the accurate and that my s execute this report as no dilike empowered.	<u>-</u>	ed in Section ve the same oter 607, Fi	on 119.07(3)(i), Florid ne legal effect as if m orida Statutes; and th	a Statutes. I further ca ade under oath; that I lat my name appears	ertify that the in am an officer of in Block 10 or	formation or director Block 11 if	

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR SIGNATU