

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90185 002 ***150.00

0442240 AV

DOCUMENT # P99000100154

1. Entity Name
CUSTOM AMUSEMENT PRODUCTS COMPANY



Principal Place of Business
1939 N. VALRICO RD.
DOVER FL 33527

Mailing Address
1939 N. VALRICO RD.
DOVER FL 33527



2. Principal Place of Business

3. Mailing Address

813 Woodcarver Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon FL

Zip

Country

Zip

33510

Country

USA

4. FEI Number

59-3611317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SAFRAN, ALAN J
1939 N. VALRICO RD.
DOVER FL 33527

7. Name and Address of New Registered Agent

Name **ALAN J. SAFRAN**

Street Address (P.O. Box Number is Not Acceptable)

813 Woodcarver Ln

City

Brandon

FL

Zip Code

33510

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

Alan J. Safra

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/03

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	P	SAFRAN, ALAN J	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1939 N. VALRICO RD.	
CITY-ST-ZIP		DOVER FL 33527	
TITLE	ST	SAFRAN, LAURIE J	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1939 N. VALRICO RD.	
CITY-ST-ZIP		DOVER FL 33527	
TITLE	V	TIBBETTS, DANIEL N	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4295 SHIALA LANE	
CITY-ST-ZIP		SARASOTA FL 34235	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	SAFRAN ALAN J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		813 Woodcarver Ln	
CITY-ST-ZIP		Brandon FL 33510	
TITLE	ST	SAFRAN LAURIE J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		813 WOODCARVER LN	
CITY-ST-ZIP		Brandon - FL - 33510	
TITLE	V	TIBBETTS DANIEL N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		702 Berry Bramble dr	
CITY-ST-ZIP		Brandon FL 33510	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:

Alan J. Safra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03 (978) 423-2392

CR2E034 (10/02)