

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02464

1. Entity Name

CUSTOM CONSULTANTS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90013 017 ***150.00

Principal Place of Business

Mailing Address

4152 INDEPENDENCE CT
STE C6
SARASOTA FL 34234
US

4152 INDEPENDENCE CT
STE C6
SARASOTA FL 34234-2147
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0299823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, WILLIAM R.
4745 MALORY PL
SARASOTA FL 34241

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP PERRY, WILLIAM R.	<input type="checkbox"/> Delete
STREET ADDRESS	4745 MALORY PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	SD PERRY, CAROLE A.	<input type="checkbox"/> Delete
STREET ADDRESS	4745 MALORY PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	D BADIALI, JOHN A	<input type="checkbox"/> Delete
STREET ADDRESS	10 OPAL AVE	
CITY-ST-ZIP	MIDDLEBORO MA	
TITLE NAME	D SCHMITT, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	1015 WOODRIDGE BLVD	
CITY-ST-ZIP	LANCASTER PA	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000 (941) 355 0360

Date

Daytime Phone #

CP2E034 (9/99)