

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06399

1. Entity Name

CUSTOM ORNAMENTAL IRON & ALUMINUM, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90045 047 ***150.00

0317708

Principal Place of Business

1107 4TH AVENUE S
LAKE WORTH FL 33460
US

Mailing Address

1107 4TH AVENUE S
LAKE WORTH FL 33460
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0315460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAIN CATHRYN M.
2118 W PALMA CIRCLE
WEST PALM BEACH FL 33415

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.

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, 2001 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

TITLE PD
NAME CAIN, BUFFORD H.
STREET ADDRESS 1107 4TH AVENUE S
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE ST
NAME CAIN, CATHRYN M.
STREET ADDRESS 2118 W PALMA CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE VP
NAME CAIN, B MARK-
STREET ADDRESS 336 GREENBRIER DR
CITY-ST-ZIP PALM SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Bufford H. CAIN

4/6/01

Date

Daytime Phone #

<561/585-2114

CR2E034 (10/00)