

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V06399**

1. Entity Name
CUSTOM ORNAMENTAL IRON & ALUMINUM, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90368 018 ***150.00

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
2118 W. PALMA CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
2118 W. PALMA CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL.
Zip Country
33415 U.S.A.

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WEST PALM BEACH, FL.
Zip Country
33415 U.S.A.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, BUFFORD H. 1107 4TH AVENUE S LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAIN, CATHRYN M. 2118 W PALMA CIRCLE WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, B MARK 336 GREENBRIER DR PALM SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CAIN, BUFFORD H. 2118 W. PALMA CIR. WEST PALM BEACH, FL. 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Bufford H. CAIN** **BUFFORD H. CAIN, PRES. 4/10/02 (561)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **965-4458**

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