

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47828

1. Entity Name

DON'S CUSTOM SERVICE, INC.

Principal Place of Business

4420 NW 11 TERR
FT LAUDERDALE FL 33309

Mailing Address

4420 NW 11 TERR
FT LAUDERDALE FL 33309

2. Principal Place of Business

599 SW 2 STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33301

Country

Country

4. FEI Number

65-0346535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTTS, SANDRA L.
4420 N.W. 11 TERRACE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name SANDRA L POTTS

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

599 SW 2 STREET

Fort Lauderdale

FL

Zip Code 33301

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

Sandra L Potts

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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 D
NAME POTTS, CHRISTOPHER ☐ Delete
STREET ADDRESS 4420 NW 11 TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME POTTS, DONALD ☒ Delete
STREET ADDRESS 4420 NW 11 TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE v/s Christopher Potts ☐ Change ☐ Addition
NAME
STREET ADDRESS 599 SW 2 ST
CITY-ST-ZIP FT LAUD 33301

TITLE S ANDRA L POTTS ☐ Change ☒ Addition
NAME
STREET ADDRESS 599 SW 2 ST
CITY-ST-ZIP FT LAUD 33301

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

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

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

TITLE
NAME ☐ Change ☐ 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:

v/c Christopher Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90122 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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