

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90251 013 ***150.00

DOCUMENT # V47828

1. Entity Name
DON'S CUSTOM SERVICE, INC.

Principal Place of Business

599 SW 2ND ST
 FORT LAUDERDALE FL 33301

Mailing Address

4420 NW 11 TERR
 FT LAUDERDALE FL 33309

2. Principal Place of Business

800 NE 3 AVE

3. Mailing Address

Same as above

900 Northeast Third Avenue
 Fort Lauderdale, Florida 33304

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0346535**

Applied For
 Not Applicable

Zip **33304**

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTTS, SANDRA L.
~~599 SW 2ND ST~~
~~FORT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name

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

900 Northeast Third Avenue
Fort Lauderdale, Florida 33304

AVE

FL

33304

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** **Sandra Potts**

DATE

4/25/02

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	VS	<input type="checkbox"/> Delete
NAME	POTTS, CHRISTOPHER	
STREET ADDRESS	499 SW 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POTTS, DONALD	
STREET ADDRESS	499 SW 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 Northeast Third Avenue	
STREET ADDRESS	Fort Lauderdale, Florida 33304	
CITY-ST-ZIP	33304	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 Northeast Third Avenue	
STREET ADDRESS	Fort Lauderdale, Florida 33304	
CITY-ST-ZIP	33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sandra L. Potts** **Sandra Potts** **4/25/02** **954 4914049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)