

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58318

1. Entity Name
J.R. CUSTER, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90054 044 ***150.00

Principal Place of Business
961 SOUTH FEDERAL HWY
STUART FL 34994
US

Mailing Address
1800 NW BRIGHT RIVER PT
STUART FL 34994
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0351533

Applied For
Not Applicable

Zip Country

Zip Country

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

WARNER, FOX, SEELEY & DUNGEY
1100 S. FEDERAL HIGHWAY
STUART FL 34994

Name Thomas H. Thurlow III
Street Address (P.O. Box Number is Not Acceptable)
17 Martin L. King, Jr. Blvd.
City Stuart FL Zip Code 34994

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 4/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CUSTER, J.R.
STREET ADDRESS 1800 NW BRIGHT RIVER PT
CITY-ST-ZIP STUART FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME W. JOAN RODRIGUEZ
STREET ADDRESS 1125 SASCO HILL ROAD
CITY-ST-ZIP FAIRFIELD CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME H. J. RODRIGUEZ
STREET ADDRESS 1125 SASCO HILL ROAD
CITY-ST-ZIP FAIRFIELD CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME H. J. RODRIGUEZ, JR.
STREET ADDRESS 896 BURR ST.
CITY-ST-ZIP FAIRFIELD CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:  JOANNE CUSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 561-283-7211
Date Daytime Phone #

CR2E034 (10/00)