

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025700

1. Entity Name

CUSTOM COMPUTER SOLUTIONS INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90073 002 \*\*\*150.00

Principal Place of Business

2425 N COURTNEY PKWY  
 #6  
 MERRITT ISLAND FL 32953  
 US

Mailing Address

2425 N COURTNEY PKWY  
 #6  
 MERRITT ISLAND FL 32953-4181  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504933

Applied For

Not Applicable

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

PETERSON, JASON  
 3061 SEA GATE CIRCLE  
 MERRITT ISLAND FL 32953

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)

5/1/2000  
 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, 2000 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 D ☒ Delete  
 NAME ROCHE, CHRISTOPHER G  
 STREET ADDRESS 215 NORTHGROVE DRIVE  
 CITY-ST-ZIP MERRITT ISLAND FL 32953-7957

TITLE D ☒ Change ☐ Addition  
 NAME Jason Peterson  
 STREET ADDRESS 3061 Sea Gate Cir  
 CITY-ST-ZIP Merritt Island FL 32953

TITLE D ☒ Delete  
 NAME GALLOWAY, RAYMOND  
 STREET ADDRESS 6057 CARDITT AVE  
 CITY-ST-ZIP PT ST JOHN FL 32927

TITLE D ☒ Change ☐ Addition  
 NAME Raymond Galloway  
 STREET ADDRESS 6057 Carditt Ave  
 CITY-ST-ZIP Port St John FL 32927

TITLE D ☒ Delete  
 NAME BRADLEY, KEVIN SR  
 STREET ADDRESS 1004 GEORGE AVE  
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☒ Change ☐ Addition  
 NAME Kevin Bradley SR  
 STREET ADDRESS 1004 George Ave  
 CITY-ST-ZIP Rockledge FL 32955

TITLE D ☒ Delete  
 NAME PETERSTON, JASON  
 STREET ADDRESS 3061 SEAGATE CIRCLE  
 CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☒ Change ☐ Addition  
 NAME Christopher G Roche  
 STREET ADDRESS 215 Northgrove Drive  
 CITY-ST-ZIP Merritt Island FL 32953

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

5/1/2000  
 Date

321-454-6852  
 Daytime Phone #

CR2E034 (9/99)