2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90005 038 ***150.00

DOCUMENT # 505287

1. Entity Name

CREATIVE BUILDERS OF LAKELAND, INC.

Principal Place of Business	Mailing Address
2020 E EDGEWOOD DR "OFFICE" LAKELAND FL 33803 US	2020 E EDGEWOOD DR "OFFICE" LAKELAND FL 33803-3657 US

DO NOT WRITE IN THIS SPACE

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 59-1799691 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLENN, LARRY E. - SHOULD BE JR.
2020 E. EDGEWOOD DR.
GLENCOVE OFFICE COMPLEX
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name Larry E. Glenn, JR.
Street Address (P.O. Box Number is Not Acceptable)
SAME.
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 Larry E. Glenn, JR., President (NOTE. Registered Agent signature required when reinstating) DATE 4-17-00
Signature, typed or printed name of registered agent and title if applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GLENN, LARRY E, JR. 2020 E. EDGEWOOD DR LAKELAND FL 33803	☐ Delete	Add JR. to Name	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GLENN, JACLYN D 2020 E. EDGEWOOD DR LAKELAND FL 33803	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Larry E. Glenn, JR. 4-17-00 863-666-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #