

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91579 041 ***550.00

DOCUMENT # G42728

1. Entity Name

CREATIVE DESIGN MANUFACTURING CO., INC.

Principal Place of Business

16640 SHADY HILLS ROAD
P.O. BOX 11001
SPRING HILL FL 34610

Mailing Address

16640 SHADY HILLS ROAD
P.O. BOX 11001
SPRING HILL FL 34610

2. Principal Place of Business

Airport Commerce Center

3. Mailing Address

Airport Commerce Center

Suite, Apt. #, etc.

2047 Broad St (US41)

Suite, Apt. #, etc.

2047 Broad St (US41)

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34604

Country

USA

Zip

34604

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2297866**

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

DOUGHTERY, JOHN A
5465 COMMERCIAL WAY
SPRING HILL FL 34606

Name

John J. Franklin, Jr.

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

6129 Deltona Blvd.

City

Spring Hill

FL

Zip Code

34606

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]

John J. Franklin, Jr.

5/14/01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **PARENT, LEON JR.**
STREET ADDRESS **6391 EVARO AVE.**
CITY-ST-ZIP **SPRINGHILL FL**

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

TITLE **DV** ☐ Delete
NAME **PINERO, ANTHONY JR.**
STREET ADDRESS **18306 LONG LAKE DRIVE**
CITY-ST-ZIP **HUDSON FL**

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

TITLE **DS** ☐ Delete
NAME **PARENT, DEBORAH**
STREET ADDRESS **6391 EVARO AVE**
CITY-ST-ZIP **SPRING HILL FL**

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

TITLE **TD** ☐ Delete
NAME **PINERO, BRENDA**
STREET ADDRESS **18306 LONG LAKE DR**
CITY-ST-ZIP **HUDSON FL**

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

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: *Leon F Parent Jr*

LEON F PARENT JR

5/14/01 (352) 540-4857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)