

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90151 029 ***150.00

DOCUMENT # G42728

1. Entity Name
CREATIVE DESIGN MANUFACTURING CO., INC.



Principal Place of Business
**AIRPORT COMMERCE CENTER
2047 BROAD ST US 41
BROOKSVILLE FL 34604**

Mailing Address
**AIRPORT COMMERCE CENTER
2047 BROAD ST US 41
BROOKSVILLE FL 34604**



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 **59-2297866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN, JR., JOHN J
6129 DELTONA BLVD
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name

ANTHONY PINERO JR

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

18306 LONG LAKE DRIVE

City

HUDSON

FL

Zip Code

34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/30/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PSTD PARENT, LEON JR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6391 EVARO AVE.	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE NAME	VD PINERO, ANTHONY JR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18306 LONG LAKE DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE NAME	D PARENT, DEBORAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6391 EVARO AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE NAME	TD PINERO, BRENDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18306 LONG LAKE DR	
CITY-ST-ZIP	HUDSON FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PSTD PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PINERO, ANTHONY JR	
CITY-ST-ZIP	18306 LONG LAKE DR HUDSON, FL	
TITLE NAME	VD PINERO, BRENDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18306 LONG LAKE DR	
CITY-ST-ZIP	HUDSON, FL	
TITLE NAME	SD PINERO, BRENDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18306 LONG LAKE DR	
CITY-ST-ZIP	HUDSON, FL	
TITLE NAME	TD PINERO, ANTHONY, JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18306 LONG LK DR	
CITY-ST-ZIP	HUDSON, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/03 767-8637291

Date

Daytime Phone #

CR2E034 (10/02)