LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90035 049 ****50.00

DOCUMENT # L03000015770

1. Entity Name
Creative Door & Millwork, LLC

24053502

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2385 Trade Center Way	P.O. Box 771779
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34109 Country: USA	Zip: 34107 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0013370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Goodlette, Coleman, Johnson, PA.
Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail
City: Naples FL Zip Code: 34103

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: Kevin Coleman, Esq. DATE: 2/11/04
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	Steven Stock
STREET ADDRESS	3834 Hidden Trail
CITY-ST-ZIP	Oneida, WI 54155
TITLE	Manager
NAME	John R. Philp
STREET ADDRESS	15161 Cedar Wood Ln #1206
CITY-ST-ZIP	Naples FL 34108
TITLE	Manager
NAME	Brian Kurtz
STREET ADDRESS	17040 Del Lane
CITY-ST-ZIP	Bonita Springs FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Manager 2/11/04 239-596-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #