2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000090163 **DOCUMENT #**

1. Entity Name

CREATIVE CLISTOM CONSTRUCTION, INC.



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90105 043 ***150.00

CALATIVE COSTOM CONSTRUCTION, INC.									
Principal Place of Business 2840 WORTH AVE UNIT 4 ENGLEWOOD FL 34224		Mailing Address 2840 WORTH AVE., UNIT 4 ENGLEWOOD FL 34224							
2. Principal P	lace of Business	3. Mailing Address			7	8 8101 88111 88116 18116 8	,018) J181 1 U	HIST HILL 1681	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-114002	<u>'</u> 4	Applied For Not Applicable		
Zip	Country	Zip	С	ountry	5. Certificate of Status Desired		75 Addi Required		
	6. Name and Address of Current	Registered A	gent		7. Name and Address of New				
				Name	1- BLANKENBALE	9 m. s	جند شاهات شا		
ITTERSAGEN, SCOTT D				Street Address (Street Address (P.O. Box Number is Not Acceptable)				
MCKINLEY, ITTERSAGEN, GUNDERSON & BERNT			NTSSO 2540 C		DORTH AUE #4				
	CISDA RD., STE. 204				·				
" ENGLEWOOD FL 34223				City	E1 709D	FL	Zip Code	W	
	named entity submits this statement for	or the purpose	of changing its regis	stered office or register	red agent, or both, in the State of	Florida. I am famil	iar with, a	and accept	
trie obligat ,•	ions of registered agent.		7						
SIGNATURE (Signature, typed or printed name of registered agent	and title if applicable	e. (NOTE: Regi	stered Agent signature required	d when reinstating)	DATE			
Œ	ILE NOWIFFEE IS \$150.00								
Afte	May 1, 2003 See will be \$550.00 Payable to Florida Department o	f State			9. Election Campaign Trust Fund Contribu	.* —		May Be to Fees	
10.	OFFICERS AND	DIRECTORS		11.	ADDITIONS/CHANGES TO O	FFICERS AND DIF	ECTORS	IN 11	
TITLE	DPST		☐ Delete	TITLE			Change	☐ Addition	
NAME	BLANKENBAKER, JERRY			NAME					
STREET ADDRESS	2840 WORTH AVE., UNIT 4			STREET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD FL 34224	,- <u>-</u>		CITY-ST-ZIP					
TITLE				TITLE			Change	Addition	
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STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
12. I hereby o	ertify that the information supplied with	this filing doe	s not qualify for the	exemption stated in Se	ection 119.07(3)(i), Florida Statutes	s. I further certify the	nat the in	formation	

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: S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #