## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** P95000094911 DOCUMENT # Mar 30, 2000 8:00 am 1. Entity Name Creative Deck and Dock, Inc. **Secretary of State** 03-30-2000 90058 050 \*\*\*150.00 Principal Place of Business Mailing Address 636 Butler Street 636 Butler Street Windermere, FL 34786 Windermere, FL 34786 3. Mailing Address 2. Principal Place of Business same as above same\_as\_above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3348464 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ronald W. Tegeler Street Address (P.O. Box Number is Not Acceptable) 636 Butler Street Windermere, FL 34786 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition President ☐ Change TITLE Delete TITLE Ronald W. Tegeler NAME NAME STREET ADDRESS STREET ADDRESS 636 Butler Street CITY-ST-ZIP CITY-ST-ZIP <u> Windermere, FL 34786</u> Change Addition TITLE TITLE ☐ Delete NAME NAME Larry W. Hutchison STREET ADDRESS STREET ADDRESS P.O. Box 148 CITY-ST-ZIP CITY-ST-ZIF Loughman, FL 33858 ☐ Delete Change Addition TITLE TITLE NAME NAME Catherine Tegeler STREET ADDRESS STREET ADDRESS 636 Butler Street CITY-ST-ZIP CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Romald W. Tecclor3/22/00 (407)