

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90048 035 ***158.75

DOCUMENT # 465129

1. Entity Name
CREATIVE CONTRACTORS, INC.

Principal Place of Business

620 DREW ST
CLEARWATER FL 34615-4487
US

Mailing Address

620 DREW ST
CLEARWATER FL 34615-4487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1561132**

Applied For

Not Applicable

Zip
33755

Country

Zip
33755

Country

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

BOMSTEIN, ALAN C.
620 DREW ST.
CLEARWATER FL 34615

Name

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

City

FL

Zip Code
33755

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, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	BOMSTEIN, ALAN C	
STREET ADDRESS	620 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEANE, MICHAEL	
STREET ADDRESS	620 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOMSTEIN, NANCY	
STREET ADDRESS	620 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GERWIG, LARRY	
STREET ADDRESS	620 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRONCE, TOM P	
STREET ADDRESS	620 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOLDERITH, H A	
STREET ADDRESS	620 DREW STR	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN C. BOMSTEIN

1/15/02 (727) 461-5522

Date Daytime Phone #

CR2E034 (9/01)