2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2000 8:00 am Secretary of State **DOCUMENT # 521963** 1. Entity Name Creative Builders of Tampa Bay, Inc. 04-07-2000 90008 048 ***150.00 Principal Place of Business Mailing Address 8246 30TH AVE N 8246 30TH AVE N ST PETERSBURG FL 33710-2238 ST PETERSBURG FL 33710 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1771848 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 5." Name and Address of Current Registered Agent Name STEIN, MILTON Street Address (P.O. Box Number is Not Acceptable) 8246 30TH AVE N ST PETERSBURG FL 33710 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition **PSTD** Change Delete TITLE TITLE STEIN, SHIRLEY NAME STREET ADDRESS STREET ADDRESS 8246 30TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-3-00 727-343-1919