

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004266

1. Entity Name

CREATIVE BLOW MOLD TOOLING, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90961 035 ***150.00

Principal Place of Business

Mailing Address

568 E LAMBERT RD
BREA CA 92821
US

568 E LAMBERT RD
BREA CA 92821
US

2. Principal Place of Business

3049 Dranefield Rd.

3. Mailing Address

2350 NE Independence Ave.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

C

City & State

Lakeland, FL

City & State

Lee's Summit, MO

Zip

33811

Country

USA

Zip

64064

Country

USA

4. FEI Number

33-0056516

Applied For

Not Applicable

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

DENTON, MOLLY ANN
3049 DRANE FIELD RD.
SUITE 1
LAKELAND FL 33811

Name

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

City

FL

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DENTON, DEAN D
STREET ADDRESS 2350-C NE INDEPENDENCE AVENUE
CITY-ST-ZIP LEE'S SUMMIT MO

TITLE C/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME STILES, MICHAEL T
STREET ADDRESS 2350 N.E. INDEPENDENCE AVE.
CITY-ST-ZIP LEE'S SUMMIT MO 64064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME DENTON, MOLLY ANN
STREET ADDRESS 568 E LAMBERT RD
CITY-ST-ZIP BREA CA 92821

TITLE S/T/D/V ☒ Change ☐ Addition
NAME
STREET ADDRESS 2350 NE Independence Ave
CITY-ST-ZIP Lee's Summit, MO 64064

TITLE D ☐ Delete
NAME DENTON, EARLE
STREET ADDRESS 1017 GRAN PASEO DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME JAMES T. Hawekotte
STREET ADDRESS 2350 NE Independence Ave.
CITY-ST-ZIP Lee's Summit, MO 64064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Molly A Denton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 816) 525-4220

Date

Daytime Phone #

CR2E034 (10/00)