2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H40855 **DOCUMENT #**

1. Entity Name

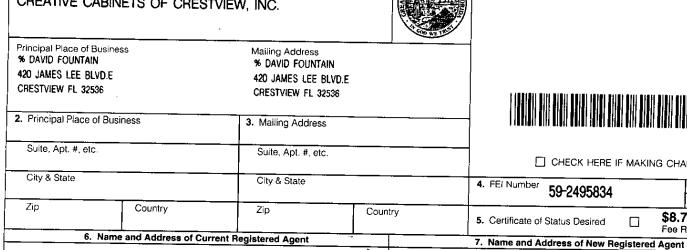
SIGNATURE

CREATIVE CABINETS OF CRESTVIEW, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90435 049 ***150.00



|--|

☐ CHECK HERE IF MAKING CHANGES

Applied For Not Applicable

\$8,75 Additional Fee Required

FOUNTAIN, DAVID 420 JAMES LEE BLVD.E CRESTVIEW FL 32536

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

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. I am familiar with, and accept the obligations of registered agent.

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to Florida Department of State					Added to Fees	
10. OFFICERS AND DIRECTORS			11,	ADDITIONS/CHANGES TO OFFICERS AND DIREC	S AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOUNTAIN, DAVID 420 JAMES LEE BLVD E CRESTVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	□ Ch		
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

DAVID O. FOUNTAIN President

☐ Change

Addition