

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90223 045 ****50.00

DOCUMENT # L00000013615

1. Entity Name

CREATIVE MILLWORK & DESIGN OF PALM COAST, L.L.C.

Principal Place of Business

**3473 N. OCEANSHORE BLVD.
 FLAGLER BEACH FL 32136**

Mailing Address

**3473 N. OCEANSHORE BLVD.
 FLAGLER BEACH FL 32136**

2. Principal Place of Business

5182 N. OCEANSHORE BLVD

3. Mailing Address

P.O. BOX 354928

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL.

City & State

PALM COAST, FL.

4. FEI Number

59-3694504

Applied For

Not Applicable

Zip

32137

Country

FLAGLER

Zip

32135

Country

FLAGLER

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J
 1 FLORIDA PARK DR., NORTH, STE. 110
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **FOWKES, DEREK V**
 STREET ADDRESS **3473 N. OCEANSHORE BLVD.**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. BOX 354928 (18 SENTRY OAK PL. 32137)**
 CITY-ST-ZIP **PALM COAST, FL. 32135 (PALM COAST, FL)**

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DEREK V FOWKES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

5/30/02

Daytime Phone #

386-314-5202

CR2E083 (5/01)