

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90498 045 ***150.00

DOCUMENT # L97950

1. Entity Name

CREATIVE CARPENTRY BY MICHAEL R. FLYNN, INC.

Principal Place of Business

5601 YAH L STREET
 PLAZA #3
 NAPLES FL 34109
 US

Mailing Address

5601 YAH L STREET
 PLAZA #3
 NAPLES FL 34109
 US

2. Principal Place of Business

871 102nd Ave N.

3. Mailing Address

871 102nd Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL 34108

Zip

34108

Country

USA

Zip

34108

Country

USA

4. FEI Number **59-3031819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, MICHAEL R.
 5601 YAH L STREET
 PLAZA #3
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **Michael R Flynn**

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

871 102nd Ave N.

City **Naples.**

FL

Zip Code

34108

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

MR Flynn

M. R. Flynn 3/6/01

Signature, typed or printed name of registered agent and date 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

TITLE **P** ☐ Delete
 NAME **FLYNN, MICHAEL R.**
 STREET ADDRESS **5601 YAH L ST., #3**
 CITY-ST-ZIP **NAPLES FL**

TITLE **VP** ☐ Delete
 NAME **FLYNN, MATTHEW**
 STREET ADDRESS **5601 YAH L ST #3**
 CITY-ST-ZIP **NAPLES FL 34109**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
 NAME **Michael R Flynn**
 STREET ADDRESS **871 102nd Ave N.**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **VP.** ☒ Change ☐ Addition
 NAME **Matthew Flynn**
 STREET ADDRESS **871 102nd Ave N.**
 CITY-ST-ZIP **Naples, FL 34109**

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

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: *MR Flynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

941-948-3785

Daytime Phone #

CR2E034 (10/00)