

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90070 016 ***150.00

0421278

DOCUMENT # P00000000325

1. Entity Name

CREATE MORE SPACE, INC.

Principal Place of Business

**12466 SPRING HILL DRIVE
 SPRING HILL FL 34609**

Mailing Address

**336 SILAS COURT
 SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

1250 WENDY COURT
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

Zip

34607

Country

HERNANDO

Zip

Country

4. FEI Number

59-3618934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, SUSAN J
 12466 SPRING HILL DRIVE
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **Susan J. Newman**
 Street Address (P.O. Box Number is Not Acceptable)
1250 Wendy Court
 City **SPRING HILL, FL** Zip Code **34607**

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 **Susan J. Newman**
 Signature, typed or printed name of registered agent and title if applicable. **President**

3/19/01
 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 **D** ☐ Delete
 NAME **NEWMAN, SUSAN J**
 STREET ADDRESS **336 SILAS COURT**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Susan J. Newman** **Susan J. Newman** **3/19/01** **352-684-1400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)