

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/31

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90168 047 \*\*\*150.00

**DOCUMENT # P00000002776**

1. Entity Name

**CREATIVE CURBS, INC.**

Principal Place of Business

Mailing Address

**5222 FOXCROFT CT.  
SARASOTA FL 34232**

**5222 FOXCROFT CT.  
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

**PO Box 50114**

**PO Box 50114**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SARASOTA FL**

**SARASOTA FL**

Zip

Zip

**34232**

Country

**34242**

Country

4. FEI Number

**050989938**

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

**LEIPOLD, ERICH  
5222 FOXCROFT CT.  
SARASOTA FL 34232**

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ERICH LEIPOLD	
STREET ADDRESS	5222 FOXCROFT CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PAUL LEIPOLD	
STREET ADDRESS	5222 FOXCROFT CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BETHANY LEIPOLD	
STREET ADDRESS	5222 FOXCROFT CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ERICH LEIPOLD	
STREET ADDRESS	5222 FOXCROFT CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)