

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90100 004 \*\*\*150.00

**DOCUMENT # P00000002776**



1. Entity Name  
**CREATIVE CURBS, INC.**

Principal Place of Business  
**5222 FOXCROFT CT.  
SARASOTA FL 34232**

Mailing Address  
**PO BOX 50114  
SARASOTA FL 34242**

2. Principal Place of Business  
**17355 Deer Prairie DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**17355 Deer Prairie DR**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

4. FEI Number  
**65-0989938**

Applied For  
 Not Applicable

Zip  
**34240**

Country

Zip  
**34240**

Country

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEIPOLD, ERICH</b> <b>5222 FOXCROFT COURT</b> <b>SARASOTA FL 34232</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEIPOLD, PAUL</b> <b>5222 FOXCROFT COURT</b> <b>SARASOTA FL 34232</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEIPOLD, BETHANY</b> <b>5222 FOXCROFT COURT</b> <b>SARASOTA FL 34232</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bethany Leipold  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03 9413795564  
Date Daytime Phone #

CR2E034 (10/02)