

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000010614****1. Entity Name**
CREATIVE COATINGS, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90281 001 ***158.75

Principal Place of Business
2502 HALPERNS WAY
MIDDLEBURG FL 32068**Mailing Address**
2502 HALPERNS WAY
MIDDLEBURG FL 32068**910150**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3642606

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****FULLER, BARRY J**
2301 PARK AVE., #404
ORANGE PARK FL 32073**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

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 **POMER, TRACY A**
STREET ADDRESS **2502 HALPERNS WAY**
CITY-ST-ZIP **MIDDLEBURG FL 32068****TITLE** **D** ☒ Delete
NAME **SELLERS, MARK A**
STREET ADDRESS **3561 PACETTI RD.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32092****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** **D** ☒ Change ☐ Addition
NAME **POMAR, TRACY A**
STREET ADDRESS **3073 MOODY AVE**
CITY-ST-ZIP **ORANGE PARK, FL 32065****TITLE** **D** ☒ Change ☐ Addition
NAME **SELLER, MARK A**
STREET ADDRESS **2505 HALPERNS WAY**
CITY-ST-ZIP **MIDDLEBURG, FL 32068****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:** *Tracy A. Pomar - Tracy A. Pomar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-21-01
Date(604) 545-5886
Daytime Phone #

CR2E034 (10/00)