

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

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90096 045 ***150.00

DOCUMENT # **P00000059190**

1. Entity Name

CREATIVE COVERINGS INC

677719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

214 SEACREST LANE

Suite, Apt. #, etc.

3. Mailing Address

214 SEACREST LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

654017871

Applied For

Not Applicable

Zip

33444

Country

US

Zip

33444

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MILNER JOHN P.

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

2499 GLAZES RD SUITE 305A

City

BOCA RATON

FL

Zip Code

33431

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SCOTT DONNA E.
214 SEACREST
DELRAY BEACH FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FERNANDEZ ANTHONY
214 SEACREST LANE
DELRAY BEACH FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02
Date

561-707-3689
Daytime Phone #

CR2E034B (12/01)

Attachment #

677719

P00000059190

214 Seacrest Lane
Delray Beach, FL 33444

August 30th, 2002

Division of Corporations
Uniform-Business-Report-Filings -
P.O. Box 1500
Tallahassee, FL 32302-1500

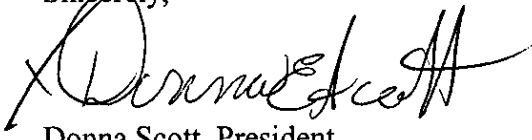
RE: Creative Coverings
Document # P00000059190

To Whom It May Concern:

Enclosed is our uniform business report for the year 2002 and a check for \$150.

We did not receive our 2002 renewal packet because we moved to a new address. Please accept our check for \$150.00 as full payment and do not charge us the late payment fee as we never received the notice to renew.

Sincerely,



Donna Scott, President