

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000068087

FILED  
Sep 12, 2002  
Secretary of State

**Entity Name:** KREATIVE COATINGS OF SOUTHWEST FLORIDA INCORPORATED

**Current Principal Place of Business:**

1899 PORTER LAKE DRIVE #104  
SARASOTA, FL 34240

**New Principal Place of Business:**

2147 PORTER LAKE DR  
SUITE E  
SARASOTA, FL 34240

**Current Mailing Address:**

1899 PORTER LAKE DRIVE #104  
SARASOTA, FL 34240

**New Mailing Address:**

2147 PORTER LAKE DR  
SUITE E  
SARASOTA, FL 34240

**FEI Number:** 65-1010158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGDPN, ALLEN E  
125 FIRST AVENUE  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAFFEE, MICHAEL O  
Address: 1899 PORTER LAKE DRIVE #104  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: JONES, SHERRY  
Address: 5118 ISLAND DATE STREET  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHAFFEE, MICHAEL O  
Address: 2147 PORTER LAKE DR SUITE E  
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL O CHAFFEE

D

09/12/2002

Electronic Signature of Signing Officer or Director

Date