

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082088

1. Entity Name

CREATIVE BUILDING SOLUTIONS, INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90014 011 \*\*\*150.00

Principal Place of Business

10501 CARROLLVIEW DR.  
TAMPA FL 33618

Mailing Address

10501 CARROLLVIEW DR.  
TAMPA FL 33618

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

59-3673164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSARO, MICHAEL A  
1501 W. WINDHORST RD.  
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name Pete J. MorteLLARO

Street Address (P.O. Box Number is Not Acceptable)  
10501 Carrollview Dr.

City TAMPA

FL

Zip Code 33618

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 Michael A. Massaro

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 12, 2001

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MASSARO, MICHAEL A**  
CITY-ST-ZIP **1501 W. WINDHORST RD.  
BRANDON FL 33510**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MORTELLARO, PIETRO**  
CITY-ST-ZIP **10501 CARROLLVIEW DR.  
TAMPA FL 33618**

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **LANE S. GLANZ**  
CITY-ST-ZIP **8315 TERRACE WOOD CIRCLE  
TAMPA, FL. 33615**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Pete J. MorteLLARO Feb. 6, 2001

Date

Daytime Phone #

813-781-2216

CR2E034 (10/00)