

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90190 014 ***150.00

DOCUMENT # 101000020356

1. Entity Name

Create Builders Inc



DO NOT WRITE IN THIS SPACE

90138437

1218 Pendleton Dr
Create Builders Inc
Suite, Apt. #, etc.

3. Mailing Address

1218 Pendleton Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Alt SPG

City & State
FL

4. FEI Number

59-3701271

Applied For

Not Applicable

Zip
32714

Country
Seminole

Zip
32714

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bart R Didden

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

1218 Pendleton Dr.

City

Altamontesprings

FL

Zip Code

32714

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

Bart R. Didden President

may 8-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bart R. Didden President-Director
1218 Pendleton Dr
Alt SPG FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bart R. Didden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11/6-03

Date

Daytime Phone #

407467-4494

CR2E034B (12/02)