

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90375 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000027784**

**1. Entity Name**  
**CREATIVE EXTERIOR DESIGN, INC.**

**Principal Place of Business**      **Mailing Address**  
**5336 BAYSIDE DR**      **P O BOX 1741**  
**ORLANDO FL 32819**      **WINDERMERE FL 34786**

**2. Principal Place of Business**      **3. Mailing Address**  
**650 Clay Street**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Winter Park, FL**  
**Zip**      **Country**      **Zip**      **Country**  
**32792**      **USA**

**4. FEI Number**      **Applied For**  
**59-3715233**      **Not Applicable**  
**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**  
☒      ☐

**6. Name and Address of Current Registered Agent**

**ANTONIAK, MARSHA L**  
**5336 BAYSIDE DR**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**650 Clay Street**  
**City**      **FL**      **Zip Code**  
**Winter Park**      **32792**

**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**      **(NOTE: Registered Agent signature required when reinstalling)**      **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, 2002 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**

|                       |                             |                                 |
|-----------------------|-----------------------------|---------------------------------|
| <b>TITLE</b>          | <b>CEO</b>                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>ANTONIAK, MARSHA L</b>   |                                 |
| <b>STREET ADDRESS</b> | <b>5336 BAYSIDE DR</b>      |                                 |
| <b>CITY-ST-ZIP</b>    | <b>ORLANDO FL 32819</b>     |                                 |
| <b>TITLE</b>          | <b>P</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>ANTONIAK, MICHAEL JR</b> |                                 |
| <b>STREET ADDRESS</b> | <b>5336 BAYSIDE DR</b>      |                                 |
| <b>CITY-ST-ZIP</b>    | <b>ORLANDO FL 32819</b>     |                                 |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                             |                                 |
| <b>STREET ADDRESS</b> |                             |                                 |
| <b>CITY-ST-ZIP</b>    |                             |                                 |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                             |                                 |
| <b>STREET ADDRESS</b> |                             |                                 |
| <b>CITY-ST-ZIP</b>    |                             |                                 |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                             |                                 |
| <b>STREET ADDRESS</b> |                             |                                 |
| <b>CITY-ST-ZIP</b>    |                             |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| <b>TITLE</b>          | <b>CEO</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Marsha L. Antoniak</b>       |  |
| <b>STREET ADDRESS</b> | <b>650 Clay Street</b>          |  |
| <b>CITY-ST-ZIP</b>    | <b>Winter Park, FL 32792</b>    |  |
| <b>TITLE</b>          | <b>P</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Michael J. Antoniak, Jr.</b> |  |
| <b>STREET ADDRESS</b> | <b>650 Clay Street</b>          |  |
| <b>CITY-ST-ZIP</b>    | <b>Winter Park, FL 32792</b>    |  |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                 |  |
| <b>STREET ADDRESS</b> |                                 |  |
| <b>CITY-ST-ZIP</b>    |                                 |  |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                 |  |
| <b>STREET ADDRESS</b> |                                 |  |
| <b>CITY-ST-ZIP</b>    |                                 |  |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                 |  |
| <b>STREET ADDRESS</b> |                                 |  |
| <b>CITY-ST-ZIP</b>    |                                 |  |

**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 info empowered.**

**SIGNATURE:** *Marsha L. Antoniak*      **Marsha L. Antoniak**      **4/24/02**      **407-645-5905**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Daytime Phone #**

CR2E034 (9/01)