

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027940

1. Entity Name
CREATIVE BUILDING & RESTORATIONS, INC.

Principal Place of Business Mailing Address
14576 TANGELO BLVD 14576 TANGELO BLVD
WEST PALM BEACH FL 33412-2541 WEST PALM BEACH FL 33412-2541

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

65-1103072

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, RICHARD
14576 TANGELO BLVD
WEST PALM BEACH FL 33412-2541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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

TITLE	PRES.	<input type="checkbox"/> Delete
NAME	RICHARD G. ARNOLD	
STREET ADDRESS	14576 TANGELO BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL. 33412	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	CYNTHIA E. ARNOLD	
STREET ADDRESS	14576 TANGELO BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL. 33412	
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	JOEL B. ARNOLD	
STREET ADDRESS	14576 TANGELO BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL. 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA ARNOLD	
STREET ADDRESS	14576 TANGELO BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL. 33412	
TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL B. ARNOLD	
STREET ADDRESS	14576 TANGELO BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL. 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-5-02 (561) 793-9209

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90002 033 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)