

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076131

1. Entity Name
CREATIVE SIGNS & FINISHES, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 011 ***158.75

11050700



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
585 CLUBSIDE DR #303
NAPLES FL 34110

Mailing Address
585 CLUBSIDE DR #303
NAPLES FL 34110

2. Principal Place of Business
1161 SUNCENTURY RD
Suite, Apt. #, etc.
UNIT 3
City & State
NAPLES, FL
Zip
34110
Country
COLLIER

3. Mailing Address
585 CLUBSIDE DR.
Suite, Apt. #, etc.
303
City & State
NAPLES, FL
Zip
34110
Country
COLLIER

4. FEI Number 65-1127838
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, ROBERT L
585 CLUBSIDE DR #303
NAPLES FL 34110

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. I am familiar with, and accept the obligations of registered agent. (SIGNATURE MAY NOT BE REQUIRED.)

SIGNATURE: [Signature] PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: FEB 26, 2003

FILE NOW!!! FEE IS \$150.00
After May-1, 2003 Fee will be \$550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS THOMAS, ROBERT 585 CLUBSIDE DR. #303 NAPLES FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMAS, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM THOMAS, MICHELE C 585 CLUBSIDE DR. #303 NAPLES FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ROBERT L. THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-26-03 Daytime Phone #: 239/641-0853

CR2E034 (10/02)