


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90163 018 ***150.00

DOCUMENT # <u>P02000009461</u>	
1. Entity Name <u>Creative Curb Appeal, Inc.</u>	

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2. Principal Place of Business <u>363 Columbus Way</u>	3. Mailing Address <u>363 Columbus Way</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Marco Island FL</u>	City & State <u>Marco Island FL</u>	4. FEI Number <u>74-3026812</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34145</u>	Country <u>USA</u>	Zip <u>34145</u>	Country <u>USA</u>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent <u>Robert A. Schimek III</u> <u>363 Columbus Way</u> <u>Marco Island, FL 34145</u>	
Name	Street Address (P.O. Box Number is Not Acceptable)
City <u>FL</u> 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	<u>Robert A. Schimek III</u>	NAME	
STREET ADDRESS	<u>363 Columbus Way</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Marco Island, FL 34145</u>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	<u>John N. Ehrlich</u>	NAME	
STREET ADDRESS	<u>1376 N. 10th Street</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Naples, FL 34102</u>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert A. Schimek III Robert Schimek III 4-23-03 239-571-2872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR