## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 16, 2003 8:00 am Secretary of State

04-23-2003 90062 018 \*\*\*150.00

## DOCUMENT # P02000016924 CUSTOM CREATIONS FLORAL DECOR', INC. 55041338 Principal Place of Business Mailing Address P.O. BOX 1106 P.O. BOX 1106 2127 CYPRESS COURT 2127 CYPRESS COURT CALLAHAN FL 32011-1106 **CALLAHAN FL 32011-1106** 3. Mailing Address P.O. BOX 1106 2. Principal Place of Business 2127 Cypress Ct Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES FEI Number City & State Applied For City & State Fl. allahan Callahan Not Applicable Country \$8.75 Additional 3201 116F and Address of Current Registered Agent ALTMAN, JUDY A 2127 CYPRESS COURT CALLAHAN FL 32011-4506 Zip Code or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agen SIGNATURE À FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 31 11. CR2E034 (10/02) VPIM TITLE TITLE ☐ Change Detete NAME NAME Timothy D. Altmon 55125 Wetland Wa STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP T(T) F TITLE NAME NAME 32011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition 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 Block 11 if

SIGNATURE: