2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5795 ROYAL LAKE CIRCLE

BOYNTON BEACH FL 33437

DOCUMENT # P0200094750

1. Entity Name

Principal Place of Business

5795 ROYAL LAKE CIRCLE

BOYNTON BEACH FL 33437

CREATIVE DIMENSIONS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90246 025 ***150.00



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEL Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATTER, ARTHUR \$ Street Address (P.O. Box Number is Not Acceptable) 5795 ROYAL LAKE CIRCLE **BOYNTON BEACH FL 33437** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003, Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PRESIDENT/TREASURGE BETHUR S. WATTER TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS SAME AS ABOVE CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT/SECRETARY Delete TITLE TITLE Change ☐ Addition MARILYN M. NATTER NAME NAME STREET ADDRESS ME AS ABOVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-ZIE 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-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

arthur 2 Tatte-QUIRED

Feb. 20-2003 561-498-7131