## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000124589

Title:

Name:

Address:

City-St-Zip:

TD

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NORMAN, ADELE J

708 RAMBLING DR. CIR.

WELLINGTON, FL 33414

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FILED Jan 03, 2003 Secretary of State

**Entity Name:** CREATIVE FLOORING DESIGN, INC. **Current Principal Place of Business: New Principal Place of Business:** 708 RAMBLING DR. CIR. WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 708 RAMBLING DR. CIR WELLINGTON, FL 33414 FEI Number: 56-2304648 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition VINCENTZ, CHRISTINE S Name: Name: 708 RAMBLING DR. CIR. Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: VD Title: () Delete () Change () Addition DARBY, CYNTHIA A Name: Name: 708 RAMBLING DR. CIR. Address: Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition MCSHANE, MICHELLE R Name: Name: 708 RAMBLING DR. CIR. Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ADELE NORMAN TD 01/03/2003

() Change () Addition