

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000029732	
1. Entity Name CREATIVE TECHNICAL INDUSTRIES Inc. C.T.I. INC	

FILED
04 JAN -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1361 OVERSEAS HWY B6	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

500026116355
01/06/04--01019--021 **158.75

DO NOT WRITE IN THIS SPACE

City & State MARATHON FLORIDA	City & State
Zip 33050	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2333836	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name DONNA M. COFANO	
Street Address (P.O. Box Number is Not Acceptable) 1361 OVERSEAS HWY B6	
City MARATHON	FL Zip Code 33050

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.
N/A

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. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DANIEL P. COFANO 1361 OVERSEAS HWY B6 MARATHON FLORIDA 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DONNA M. COFANO 1361 OVERSEAS HWY B6 MARATHON FLORIDA 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DANIEL P. COFANO 1361 OVERSEAS HWY B6 MARATHON FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DONNA M. COFANO 1361 OVERSEAS HWY B6 MARATHON FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: *Donna M. Cofano* **January 01 2004** 305-7434930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK# 1269 \$158.75 *TIR*

CR2E034B (12/02)