

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90101 047 ***158.75

DOCUMENT # P93000015829

1. Entity Name
CREATIVE MAILBOX DESIGNS CENTRAL FLORIDA, INC.



Principal Place of Business
300 MEARS BLVD
OLDSMAR FL 34677
US

Mailing Address
303 MEARS BLVD
OLDSMAR FL 34677
US

2. Principal Place of Business

3. Mailing Address

300 MEARS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OLDSMAN FL

Zip

Country

Zip
34677

Country
USA

4. FEI Number **59-3175879**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, WILLIAM A
303 MEARS BLVD
C
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

300 MEARS BLVD

City

OLDSMAN

FL

Zip Code

34677

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 *William A. Evans*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM A. EVANS, VICE PRESIDENT

DATE

2/3/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SCHNEKENBURGER, VIRGINIA A**
STREET ADDRESS **12501 BRONCO DR**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D EVANS, WILLIAM A**
STREET ADDRESS **12501 BRUNO DR**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William A. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM A. EVANS 2/3/03

813-818-7100

CR2E034 (10/02)