

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025774

1. Entity Name

CREATIVE ARCHITECTURAL CASTINGS, INC.

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90213 016 \*\*\*550.00

Principal Place of Business

Mailing Address

531 VALPARAISO PARKWAY  
 VALPARAISO FL 32580  
 US

531 VALPARAISO PARKWAY  
 VALPARAISO FL 32580-1128  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3181047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ACORN, CHARLES D.  
 105 LINDA COURT  
 NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Amy Lasso

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

1673 Crowder Chapel Rd

City

Crestview

FL

Zip Code

32539

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.

SIGNATURE

Amy Lasso Director

Amy Lasso

8-17-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back). ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution: ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	HALEY, ANNA MARIE	
STREET ADDRESS	106 LINDA CT.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPMS	<input type="checkbox"/> Delete
NAME	LASSO, JOHN W	
STREET ADDRESS	106 LINDA CT.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHONEWITZ, RONALD	
STREET ADDRESS	106 LINDA CT.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALEY, MICHAEL W	
STREET ADDRESS	106 LINDA COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACORN, CHARLES D	
STREET ADDRESS	105 LINDA COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1673 Crowder Chapel Rd	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY B LASSO	
STREET ADDRESS	1673 Crowder Chapel Rd	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER R BLAIR	
STREET ADDRESS	106 Linda Ct	
CITY-ST-ZIP	Niceville FL 32578	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy Lasso

QUERED

8/17/00

678-5546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)