

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90125 001 ***150.00

DOCUMENT # P93000028646

1. Entity Name
CREATIVE ELEGANCE, INC.



Principal Place of Business
1076 W STATE RD 436
STE G
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
1076 W STATE RD 436
STE G
ALTAMONTE SPRINGS FL 32714
US

90018600



2. Principal Place of Business

3. Mailing Address

970 Piedmont Wekiwa Rd
Suite, Apt. #, etc.
Apopka, Florida
City & State

SAME
Suite, Apt. #, etc.
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip
32703

Country
US

Zip

Country

4. FEI Number 59-3257102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTLES, ROBERT C
301 E. HILLCREST ST.
ORLANDO FL 32801

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT CALDERARO, LINDA
401 CYPRESS ST.
ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
970 Piedmont Wekiwa Rd
Apopka, FL 32703

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Linda Calderaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 407884 8770
Date Daytime Phone #

CR2E034 (10/02)