

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057832

1. Entity Name

CREATIVE WINDOWS & WALLS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90125 044 ***150.00

Principal Place of Business

Mailing Address

6205 S. DIXIE HWY
 WEST PALM BEACH FL 33405
 US

6205 S. DIXIE HWY
 WEST PALM BEACH FL 33405-4327
 US

2. Principal Place of Business

17732 ALEXANDER RUN

3. Mailing Address

17732 ALEXANDER RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33478

Country

PALM BEACH

Zip

33478

Country

PALM BEACH

4. FEI Number

65-0492832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, SIOBHAN
 6205 S. DIXIE HWY
 WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

CAMPBELL, SIOBHAN

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

17732 ALEXANDER RUN

City

JUPITER

FL

Zip Code

33478

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

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 D
 NAME CAMPBELL, SIOBHAN
 STREET ADDRESS 6205 S. DIXIE HWY
 CITY-ST-ZIP WEST PALM BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 17732 ALEXANDER RUN
 CITY-ST-ZIP JUPITER, FL 33478

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIOBHAN B CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561-575-0233

Daytime Phone #