

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000057832**

1. Entity Name

**CREATIVE WINDOWS & WALLS, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90032 025 \*\*\*150.00

925859



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6205 S. DIXIE HWY  
WEST PALM BEACH FL 33405  
US6205 S. DIXIE HWY  
WEST PALM BEACH FL 33405  
US

2. Principal Place of Business

3. Mailing Address

17732 Alexander Run  
Suite, Apt. #, etc.

City &amp; State

Jupiter, FL

City &amp; State

Jupiter, FL

4. FEI Number

65-0492832

Applied For

Not Applicable

Zip

33478

Country

PALM BEACH

Zip

33478

Country

PALM BEACH

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

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

Name CAMPBELL, SIOBHAN

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

17732 Alexander Run

City Jupiter

FL

Zip 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input type="checkbox"/> Delete	
	CAMPBELL, SIOBHAN	6205 S. DIXIE HWY	WEST PALM BEACH FL		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)