

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016626

1. Entity Name

CREATIVE CLOSETS OF THE TREASURE COAST, INC.

Principal Place of Business

2710 SW EDGARCE ST
PT ST LUCIE FL 34953
US

Mailing Address

2952 SW VITTORIO ST
PT ST LUCIE FL 34953
US

2. Principal Place of Business

879 NE Dixie Hwy #1

3. Mailing Address

692 NW Sunset Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach FL

City & State

Stuart FL

4. FEI Number

65-0569591

Applied For

Not Applicable

Zip

34957

Country

Florida

Zip

34994

Country

Florida

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GITHENS, KATHLEEN F
2952 S.W. VITTORIO STREET
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name *Githens, Kathleen F (some)*
Street Address (P.O. Box Number is Not Acceptable)
692 NW Sunset Drive
City *Stuart FL* Zip Code *34994*

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, 2002 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 D
NAME GITHENS, DANIEL T
STREET ADDRESS 2952 S.W. VITTORIO STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34953

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Githens, Daniel T
692 NW Sunset Drive
Stuart FL 34994*

Change Addition

TITLE D
NAME GITHENS, KATHLEEN F
STREET ADDRESS 2952 S.W. VITTORIO STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34953

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Githens, Kathleen F
692 NW Sunset Drive
Stuart FL 34994*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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.

4/26/02

SIGNATURE *Kathleen F. Githens, VP* Daytime Phone # *772-692-9888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/01)

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FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90223 030 ***150.00