

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029310

1. Entity Name

CREATIVE RESIDENTIAL DESIGN, INC.

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90002 030 \*\*\*150.00

Principal Place of Business

Mailing Address

203 N GADSDEN ST #28  
TALLAHASSEE FL 32301  
US

203 N GADSDEN ST #28  
TALLAHASSEE FL 32301  
US

602571



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3314428

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WYNN, JOSEPH P  
1529 COLONIAL DR.  
TALLAHASSEE FL 32303

Name WYNN, JOSEPH P

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

2930 HUNTINGTON DR.

City TALLAHASSEE

FL

Zip Code

32312

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 P ☐ Delete  
NAME HAHN, PHILIP  
STREET ADDRESS 3900 MAYFLOWER CT.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HAHN, PHIL  
STREET ADDRESS 3900 MAYFLOWER CT.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME WYNN, JOSEPH  
STREET ADDRESS 1529 COLONIAL DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☒ Change ☐ Addition  
NAME WYNN, JOSEPH  
STREET ADDRESS 2930 HUNTINGTON DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE T ☐ Delete  
NAME WYNN, JOE  
STREET ADDRESS 1529 COLONIAL DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☒ Change ☐ Addition  
NAME WYNN JOSEPH  
STREET ADDRESS 2930 HUNTINGTON DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

PHILIP HAHN

1-9-00

850-224-7526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0024774