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FILED
Jul 30, 2002 8:00 am
Secretary of State
05-22-2002 90241 016 ***158.75

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

COPY

DOCUMENT # P95000082582

1. Entity Name

CREAMER CARPENTRY & PAINTING, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6621 Timberwood Circle	6621 Timberwood Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781 Country: Pinellas	Zip: 33781 Country: Pinellas

4. FEI Number: 59-3339040 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN M. CREAMER

Street Address (P.O. Box Number is Not Acceptable): 6621 Timberwood Circle

City: Pinellas Park **FL** Zip Code: 33781

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President CREAMER, JOHN M 6621 Timberwood Circle Pinellas Park, FL 33781
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. BUITRAGO, CARLOS O 6301 58th Street N #106 Pinellas Park, FL 33781
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. NAULT, JAMES P One Beach Drive SE #2609 St Petersburg, FL 33611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E045R (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Creamer JOHN CREAMER 7/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #