

2001 UNIFORM BUSINESS REPORT (SR)

DOCUMENT # P96000000967

1. Entity Name

CREATIVE CORNICES, INCORPORATED

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90039 012 ***150.00

Principal Place of Business

3826 NW 126TH AVE
CORAL SPRINGS FL 33065

Mailing Address

3826 NW 126TH AVE
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0635327

Applied For

Not Applicable

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

MEL NEBRASKY
8568 SHADOW CT
CORAL SPRINGS FL 33071

Name
Melvin Nebraska
Street Address (P.O. Box Number is Not Acceptable)
9702 NW 75th CT

City
Tamarac

FL Zip Code
33321-1940

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	NEBRASKY, MEL	9702 NW 75TH CT TAMARAC FL 33321-1940				
	D	NEBRASKY, TERRY	9702 NW 75TH CT TAMARAC FL 33321-1940				

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)