

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90070 047 ***150.00

DOCUMENT # P96000065349

1. Entity Name
CREATIVE REAL ESTATE, INC.



Principal Place of Business
1805 COREY ROAD
MALABAR FL 32950
US

Mailing Address
1805 COREY ROAD
MALABAR FL 32950
US

2. Principal Place of Business

1675 W. Capps

Suite, Apt. #, etc.

3. Mailing Address

1675 W. Capps

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Monticello FL

City & State
Monticello FL

4. FEI Number
59-3392314

Applied For
Not Applicable

Zip
32344

Country
USA

Zip
32344

Country
USA

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

LIFORD, ROBIN L
1805 COREY RD
MALABAR FL 32909
1675 W. Capps
Monticello, FL 32344

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robin L. Liford*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIFORD, ROBIN	
STREET ADDRESS	1805 COREY ROAD	
CITY-ST-ZIP	MALABAR FL 32950	
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NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin L. Liford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/03 850-977-3503

CR2E034 (10/02)