

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080788

1. Entity Name

CREATIVE MILLWORK & DESIGN OF GAINESVILLE, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90020 008 ***550.00

Principal Place of Business

5206 SW 91 TERR
 SUITE A
 GAINESVILLE FL 32608
 US

Mailing Address

4440 SW 35 TERR
 SUITE 103
 GAINESVILLE FL 32608
 US

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

59-3404150

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

VITULLI, PETER P
~~3063 PRINTERS WALK~~
 FLAGLER BEACH FL 32136

3063 PAINTERS WALK

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	VITULLI, PETER P	
STREET ADDRESS	3063 PAINTERS WALK	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEBERT, MARC	
STREET ADDRESS	264 BISHOP DR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	VITULLI, PATRICIA S	
STREET ADDRESS	3063 PAINTERS WALK	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00

Date

352/384-3876

Daytime Phone #

CR2E034 (5/00)