. 2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P97000026878 1. Entity Name 04-17-2002 90102 043 ***150 00 CREATIONS INTERIOR SHOWCASE, INC. Principal Place of Business Mailing Address 2500 N MILITARY TRAIL STE 200 2500 N MILITARY TRAIL STE 200 633208 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 101 Pineapple Grove Way 101 Pineapple Grove Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0880760 Delray Beach, FL Delray Beach, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33444 33444 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fricke, Henry A. Esq. PUGLIESE, ANTHONY V III Street Address (P.O. Box Number is Not Acceptable) 2500 N MILITARY TRAIL STE 200 <u>101 Pineapple Grove Way</u> **BOCA RATON FL 33431** City Zip Code 33444 Delray Beach 8. The above named enjity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Henry A. Fricke, Esq. SIGNATURE Signature, type (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change of CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Addition NAME PUGLIESE, ANTHONY V III NAME Pugliese, Anthony V. III address 2500 N MILITARY TRAIL STE 200 STREET ADDRESS STREET ADDRESS 101 Pineapple Grove Way **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL 33444 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 a provided to empowered.

SIGNATURE:

REQUIRE Anthony V. Pugliese, III

561-330-7000