

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000108642

1. Entity Name

CREATIVE SILK DESIGNS, INC.

Principal Place of Business

6900-29 DANIELS PKWY
#234
FORT MYERS FL 33912

Mailing Address

6900-29 DANIELS PKWY
#234
FORT MYERS FL 33912

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

65-0802865

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

ELDRIDGE, CYNTHIA
6900-29 DANIELS PKWY #234
FT MYERS FL 33912

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 PSTD
NAME ELDRIDGE, CYNTHIA
STREET ADDRESS 6900-29 DANIELS PKWY #224
CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cynthia A. Eldridge

8/20/00

Date

941 849 5634

Daytime Phone #

CR2E034 (5/00)

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To whom It May Concern

Attached is a copy of
my check sent to you
for the 2000 Uniform
Business Report on 4/21/2000.

For some reason, the check
has not been cashed, so
I'm enclosing a replacement
check back from 4/21/2000.

I hope that the original
check does not get cashed
as I do not have it.

Regards

Cindy Eldridge