

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State
 02-08-2002 90017 011 ***150.00

DOCUMENT # P98000004984

1. Entity Name

CREATIVE DRIVEWAY DESIGNS, INC.

Principal Place of Business

**1717 SE 14TH TERR
 CAPE CORAL FL 33990**

Mailing Address

**P O BOX 150686
 CAPE CORAL FL 33915**

2. Principal Place of Business

218 SE. 8th PL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

Zip **33990**

Country

Zip

Country

4. FEI Number

59-3487813

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

**PAGLIARINI, ARMANDO J.
 9371 CYPRESS LK DR STE 19
 FT MEYERS FL 33919**

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

B. Humermann

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/23/02

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, 2002 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 **D** ☐ Delete
 NAME **MUSSELMANN, GERHARD**
 STREET ADDRESS **EICHACKERWEG 16, D-75334**
 CITY-ST-ZIP **STRUBENHARDT, GERMANY**

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

TITLE **D** ☐ Delete
 NAME **MUSSELMANN, BAERBEL**
 STREET ADDRESS **EICHACKERWEG 16, D-75334**
 CITY-ST-ZIP **STRUBENHARDT, GERMANY**

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

TITLE ☐ Delete
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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:

MUSSELMANN, BAERBEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

Date

573-9770

Daytime Phone #

CR2E034 (9/01)