

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000012096****1. Entity Name**
CREAMER PAINTING, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90369 025 ***158.75

Principal Place of Business
6621 TIMBERWOOD CIRCLE
PINELLAS PARK FL 33781**Mailing Address**
6621 TIMBERWOOD CIRCLE
PINELLAS PARK FL 33781**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3489608

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**CREAMER, JOHN M
6621 TIMBERWOOD CIRCLE
PINELLAS PARK FL 33781**7. Name and Address of New Registered Agent**

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 \$150.00**
After MAY 1, 2001 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****TITLE** PD ☐ Delete
NAME CREAMER, JOHN M
STREET ADDRESS 6621 TIMBERWOOD CIRCLE
CITY-ST-ZIP PINELLAS PARK FL 33781**TITLE** VD ☐ Delete
NAME BUITRAGO, CARLOS O
STREET ADDRESS 6301 58 STREET N #106
CITY-ST-ZIP PINELLAS PARK FL 33781**TITLE** SD ☐ Delete
NAME BUITRAGO, ENRIQUE
STREET ADDRESS 4007 AUDUBON DR
CITY-ST-ZIP LARGO FL 33771**TITLE** VD ☐ Delete
NAME HUDSON, MICHAEL S
STREET ADDRESS 2788 MEADOW WOOD DR.
CITY-ST-ZIP CLEARWATER FL 33761**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**

John M. Creamer

John M. Creamer

4-19-01

727-541-3237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)