

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90241 015 \*\*\*158.75

**DOCUMENT #**

1. Entity Name

P98000012096

CREAMER PAINTING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6621 Timberwood Circle

Suite, Apt. #, etc.

3. Mailing Address

6621 Timberwood Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Pinellas Park, FL

City &amp; State

Pinellas Park, FL

4. FEI Number

59-3489608

Applied For

Not Applicable

Zip

33781

Country

Pinellas

Zip

33781

Country

Pinellas

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required**7. Name and Address of Current Registered Agent**

Name

JOHN M. CREAMER

Street Address (P.O. Box Number is Not Acceptable)

6621 Timberwood Circle

City

Pinellas Park, FL

FL

Zip Code

33781

**DO NOT WRITE  
IN THIS SPACE**

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) ☐**January 1 - May 1 Fee is \$150.00****After May 1, Fee is \$550.00****Amended UBR is \$61.25****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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CREAMER, JOHN M  
6621 Timberwood Circle  
Pinellas Park, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BUITRAGO, CARLOS O  
6301 58th Street N #106  
Pinellas Park, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BUITRAGO, ENRIQUE  
4007 Audubon Drive  
Largo, FL 33771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

HUDSON, MICHAEL S  
2788 Meadow Wood Drive  
Clearwater, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E034B (12/01)