

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90012 006 ***158.75

DOCUMENT # P98000012563

1. Entity Name
CONSTRUCTION CREATIONS CO.

Principal Place of Business

**1115 NORTHERN WAY
WINTER SPRINGS FL 32708**

Mailing Address

**1115 NORTHERN WAY
WINTER SPRINGS FL 32708**

2. Principal Place of Business

2282 SUNNYVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2282 SUNNYVIEW DRIVE

Suite, Apt. #, etc.

City & State

OVIDO FLA

City & State

OVIDO, FLA.

Zip

32765

Country

Zip

32765

Country

4. FEI Number **59-3524382**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCLEOD, HIRAM

**1115 NORTHERN WAY
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **HIRAM McLEOD**

Street Address (P.O. Box Number is Not Acceptable)
2282 SUNNYVIEW DRIVE

City **OVIDO**

FL

Zip Code **32765**

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

Hiram McLeod

HIRAM McLEOD

1/8/01

(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 **DPS** ☐ Delete
NAME **MCLEOD, HIRAM**
STREET ADDRESS **1115 NORTHERN WAY**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

~~HIRAM McLEOD~~ **D, P, T** ☒ Change ☐ Addition
NAME **HIRAM McLEOD**
STREET ADDRESS **2282 SUNNYVIEW DRIVE**
CITY-ST-ZIP **OVIDO, FLA. 32765**

~~ROBIN A. McLeod~~ **V, S** ☐ Change ☒ Addition
NAME **ROBIN A. McLeod**
STREET ADDRESS **2282 SUNNYVIEW DRIVE**
CITY-ST-ZIP **OVIDO, FLA. 32765**

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

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

TITLE ☐ Change ☐ Addition
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:

Hiram McLeod

HIRAM McLEOD

4/8/01 407.366.2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0043481