2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000018934 **DOCUMENT #**

1. Entity Name

CREATIVE DESIGN & PLANNING, INC.



| CHEATIVE DESIGN & PLANNING, INC. | | | | | 刺 | O3 FEB 14 PM (| 4i 46 | | |
|---|---|---|------------------------|---------------------------------|-----------------|---|----------------|-----------------------------|--|
| Principal Place of Business 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 | | Mailing Address 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | 11151 1116 1 1116 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | • | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. | FEI Number 65-0818196 | - | pplied For at Applicable | |
| Zip | Country | Zip | | Country | 5. | | 8.75 Add | fitional | |
| | 6. Name and Address of Current F | l Realstere | ed Agent | | 7. | Name and Address of New Registered Ag | | | |
| V. Hame and Addition of Control Hogisterou Agent | | | | Name | | | | | |
| BAROT, DILIP | | | | Street Address | ee /P () | Box Number is Not Acceptable) | | | |
| 4243 NOF | ITHLAKE BLVD. | | | Sileet Addres | 55 (F.O. | | | | |
| SUITE D | | | | | | • | | | |
| PALM BEACH GARDENS FL 33410 | | | | City | | FL | Zip Code | e . | |
| | named entity submits this statement for tions of registered agent. | the purp | ose of changing its re | gistered office or regis | stered a | gent, or both, in the State of Florida. I am fa | miliar with, | and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if app | olicable. (NOTE: F | legistered Agent signature requ | uired when | reinstating) DATE | | | |
| F | ILE NOW!!! FEE IS \$150.00 | | | | | Floation Compaign Financing | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | • | | 9. Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | |
| 10. OFFICERS AND | | | RS | 11. | Α | DDITIONS/CHANGES TO OFFICERS AND I | DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS | DPT BAROT, DILIP 4243 NORTHLAKE BLVD. | | ☐ Delete | TITLE NAME STREET ADDRESS | X | 7/ | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 3341 | 0 | | CITY-ST-ZIP | $-\!\!/\!\!\!/$ | 5K | | | |
| TITLE | SVP | | ☐ Delete | TITLE | y | | ☐ Change | ☐ Addition | |
| NAME | WEIR, JOHN F | | | NAME | 1 | \S0001327578 | 38 | | |
| STREET ADDRESS CITY-ST-ZIP | 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 | 0 | | STREET ADDRESS CITY-ST-ZIP | | \$00001327578 * 02/28/0301057021 | * 158.7 | 5 | |
| TITLE | VP | | Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME | WHEAT, TIMOTHY P | | / - | NAME STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 | ń | | STREET ADDRESS CITY-ST-ZIP | | | | { | |
| TITLE | S | <u> </u> | Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME | KAKKAR, YASHPAL | | □ Delete | NAME | | ' | onlongo | Auditor | |
| STREET ADDRESS | 4243-D NORTHLAKE BLVD. | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 0 | | CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRÉSS CITY-ST-ZIP | | | | | |
| | | | | | | | Change | Addition | |
| TITLE NAME | | | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | - | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yash Pal Kakkar, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/29/03

Date

(561) 627-7988

Daytime Phone #