

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052120

1. Entity Name
CREATIVE DESIGN CONCEPTS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90036 035 ***150.00

Principal Place of Business

3704 S.W. 7TH AVE.
CAPE CORAL FL 33914

Mailing Address

3704 S.W. 7TH AVE.
CAPE CORAL FL 33914

2. Principal Place of Business

5254 SUNSET CT

3. Mailing Address

5254 SUNSET CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number 65-0840871

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

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

BEAUREGARD, RONALD E
3704 S.W. 7TH AVE.
CAPE CORAL FL 33914

Name

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

5254 SUNSET CT

City

CAPE CORAL

FL

Zip Code

33904

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS BEAUREGARD, RONALD
CITY-ST-ZIP 3704 SW 7TH AVE
CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME V
STREET ADDRESS BEAUREGARD, LILLIAN C
CITY-ST-ZIP 3704 SW 7TH AVE
CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)