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## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # <b>P980</b> 0	00089246	•				•		
CREATIVE DESIGN FABRICATORS INC.					FILED				
<u>.                                    </u>	····					00 SEP 25 AM II	n: 54		
Principal Place of Business Mailing Address					oc. 20 /u/ /	J. 04			
440 SHEARER BLVD. 440 SHEARER BLVD. COCOA FL 32922 COCOA FL 32922		_		SECRETARY OF STATE TALLAHASSEE FLORIDA					
2. Principal P	Place of Business	3. Mailing Addre	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State	City & State		4. FEI Numbe	NOT APPLICABLE	· -	pplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Cu	rrent Registered Agent		Name	7. Name and	Address of New Registered	Agent		
HUG	OCT DODEDT			ivaille					
Horst, Robert 440 Shearer Blvd.			ŀ	Street Addre	ss (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
	COA FL 32922								
				City		FL	Zip Cod	le	
8. The above	named entity submits this statem	nent for the purpose of cha	nging its registere	ed office or regi	stered agent, or both	, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered	d Agent signature req	juired when reinstating)	DATE		L	
Tāx filing r	pration is eligible to satisfy its Inta	After SEPTE	NOW!!! FEE! MBER 13, 2000	Min. will be \$	750.00 } Trus	etion Campaign Financing—-		00 May Be d to Fees	
<u>`</u>	ria on back)		k Payable to De	partment of	1	NUMBER TO OFFICE OR ANY	D DIDECTOR	10 IN 44	
11.	A	AND DIRECTORS	12.		ADDITIONS/C	CHANGES TO OFFICERS AN	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HORST, ROBERT 440 SHEARER BLVD. COCOA FL 32922	<i>U</i> e	NAME STREE		9	00003415 -10/05/08 ****550.00	598E -01124	31	
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CITY-ST-ZIP	and the state of t	The second second		ST-ZIP	Coolin 440 CT/C	Florida Ctatura I formation	ا حاد فمطف گاهن		
13 J hereby a	certify that the information supplie	ea with this filing does not a	quality for the exer	ription stated if	1 Section 119.07(3)(i)	i, ⊢iorida Statutes. I further ce	auty inat the i	nomation	

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

COCCUPATION REPORT HORS

9-11-00

Daytime Phone #