

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

05-02-2003 90138 006 ***100.00
08-22-2003 90104 026 ****50.00

DOCUMENT # P98000089246

1. Entity Name
CREATIVE DESIGN FABRICATORS INC.



Principal Place of Business
**440 SHEARER BLVD.
COCOA FL 32922**

Mailing Address
**440 SHEARER BLVD.
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
☐ Not Applicable

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

**HORST, ROBERT
440 SHEARER BLVD.
COCOA FL 32922**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
A HORST, ROBERT
STREET ADDRESS **440 SHEARER BLVD.**
CITY-ST-ZIP **COCOA FL 32922**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Horst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment#
80139875

SUNDANCE COMPONENTS INC
440 SHEARER BLVD. COCOA, FL 32922

REFERENCE NUMBER P95000080292

AND

REFERENCE NUMBER P98000089246

JULY 9, 2003

I LEFT FLORIDA ON THE 27TH OF APRIL AS MY FATHER WAS DYING. I HAD LEFT THE PAPERWORK WITH THE SECRETARY. I HAVE NO IDEA WHY SHE ONLY MAILED \$100.00. MY HUSBAND ROBERT HORST JOINED ME ON THE 12 THE OF MAY TO HELP WITH THE ARRANGEMENTS FOR THE FUNERAL AND THE RELOCATION OF MY MOTHER AND EMPTYING OF THEIR HOME.

MY FATHER DIED ON THE 17TH OF MAY [CAN SEND A DEATH CERTIFICATE IF NECESSARY] AND AFTER GETTING MY MOTHER SETTLED IN A NURSING HOME WE RETURNED TO FLORIDA ON THE 8TH OF JULY, I WAS UNABLE TO ANSWER YOUR LETTER BY THE 13TH OF JUNE. I CALLED YOUR OFFICE AND THEY ADVISED ME TO SEND A LETTER WITH A BRIEF EXPLANATION AND ENCLOSE MY CHECK FOR \$50.00 THE BALANCE DUE FOR EACH OF OUR CORPORATIONS.

IF THIS IS NOT SATISFACTORY WITH YOU PLEASE ADVISE ME.
THANKING YOU IN ADVANCE.

RESPECTFULLY,

Sandra Horst

SANDRA HORST