

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90052 020 ***150.00

DOCUMENT # P98000107335

1. Entity Name

CREATIVE FIBERGLASS & WATER FEATURES, INC.

Principal Place of Business

Mailing Address

6223 WEST 24TH AVENUE
 UNIT 203
 HIALEAH FL 33016

6223 WEST 24TH AVENUE
 UNIT 203
 HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **Archibald P. Jones**

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

23720 SW 132 AVENUE

City **MIAMI**

FL

Zip Code

33032

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

Archibald Jones **Archibald Jones**

4-29-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
 NAME **JONES, MERY H**
 STREET ADDRESS **6223 WEST 24TH AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **ARCHIBALD P. JONES**
 STREET ADDRESS
 CITY-ST-ZIP **MIAMI FL 33**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Mery Jones **MERY JONES**

Date

Daytime Phone #

4-29-01

CR2E034 (10/00)