2002 UNIFORM BUSINESS REPORT (UBR)

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
23720 SW 132 Ave
Suite, Apt. #, etc.

3. Mailing Address
23720 SW 132 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: MIAMI FL.
City & State: MIAMI, FL

Zip: 33032 Country: DADE
Zip: 33032 Country: DADE

4. FEI Number 65-0902648   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ARCHIBALD P
23720 SW 132 AVENUE
MIAMI FL 33032

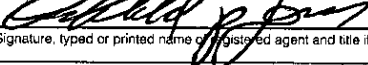**7. Name and Address of New Registered Agent**

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.

SIGNATURE _(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, 2002 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 P NAME JONES, ARCHIBALD P STREET ADDRESS 23720 SW 132 AVENUE CITY-ST-ZIP MIAMI FL 33032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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)_   4/26/02   305-258-9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/01)