

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90088 013 \*\*\*150.00

**DOCUMENT # P99000011117**

1. Entity Name  
**KREATIVE PARTS, INC.**



Principal Place of Business  
**2895 BIG SKY BOULEVARD  
KISSIMMEE FL 34744**

Mailing Address  
**2895 BIG SKY BOULEVARD  
KISSIMMEE FL 34744**



**59-3555200**

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3555000** ☒

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CRUMB, PETE  
2895 BIG SKY BOULEVARD  
KISSIMMEE FL 34744**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**VDT  
CRUMB, PETER W  
2895 BIG SKY BOULEVARD  
KISSIMMEE FL 34744** ☐ Delete

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

TITLE  
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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 6/2003**

Date

Daytime Phone #

**407-943-8944**

CR2E034 (10/02)

## Internal Revenue Service

District Director

Baltimore, MD 21201

Date: 5/13/99

Department of the Treasury

Attachment  
P990000011117/3000825Person to Contact:  
Call Center - Baltimore  
Telephone Number(s):Baltimore: (410) 962-2590  
Elsewhere in MD and  
Washington, DC: 1-800-829-1040

## Name and Current Address

Kreative Parts Inc.  
2895 Big Sky Blvd.  
Kissimmee, FL 34744

First Social Security Number (On Return)		Spouse's Social Security Number		Employer Identification Number 39-3555 200	
Form Number/Tax Period		Refund Taxpayer Expects	Filing Status	Date Filed	Where Filed
Phone Number/Best Time to Call Work ( ) Home ( )		Person to Contact		Name/Address on Return <input type="checkbox"/> Same as above	
<input type="checkbox"/> REFUND INQUIRY? <input type="checkbox"/> LOST, STOLEN, DESTROYED? <input type="checkbox"/> PREVIOUS CONTACT/DATE: _____ <input type="checkbox"/> PREVIOUS IRS REPLY (DATE/NATURE): _____ <input type="checkbox"/> OTHER INQUIRY: _____					

Dear Taxpayer:

12 In reply to your inquiry of 5/13/99 about your tax account, please see box(es) checked below. Please see the enclosed \_\_\_\_\_.

- ☐ 1. We have referred your inquiry to \_\_\_\_\_. If you don't hear from them within \_\_\_\_\_ days, please contact our office again.
- ☐ 2. Your refund check for \$\_\_\_\_\_ was scheduled to be mailed on \_\_\_\_\_. If you haven't received it within \_\_\_\_\_ weeks of that date, please contact us again.
- ☐ 3. Your refund of \$\_\_\_\_\_ was scheduled to be deposited directly to your account on \_\_\_\_\_. If you haven't received it within \_\_\_\_\_ weeks of that date, please contact us again.
- ☐ 4. We received your tax return but haven't completed processing it. We will contact you if we need more information. If you don't receive your refund or information about your return within the next \_\_\_\_\_ weeks, please contact our office again.
- ☐ 5. We are enclosing the transcripts of your account as you requested.
- ☐ 6. We can't find any information about your tax return by using the name and social security number shown above. Please contact our office if either is incorrect. However, if our information is correct and at least \_\_\_\_\_ weeks have passed

(over)

Attachment P990000011117/30001825

since you filed your return, please send us a copy of your return (including all attachments and copies of your W-2's). Both you and your spouse must sign the copy, if you filed jointly. We won't accept a photocopied signature. Mail it to the IRS Service Center, \_\_\_\_\_.

If you didn't keep copies of your documents, you may have to get them. If someone else prepared your return, that person may have a copy. Your employer may be able to give you a copy of your W-2, or you may be able to use an end-of-year earnings statement to establish your income.

- ☐ 7. We requested the information on your Form W-2/1099 and you should receive it in 5 weeks. Contact us if you haven't received it in that time.
- ☐ 8. We can't complete the processing of your return because your name or social security number doesn't match IRS records. Please complete the enclosed Form 4149 and return it in the envelope we have provided. If possible, include a copy of your social security card. Don't send the original card. Your refund check should be in the mail to you within \_\_\_\_\_ weeks after we receive the completed Form 4149. If your social security card doesn't show your current name, contact your local Social Security Administration Office to have their records corrected.
- ☐ 9. We have taken the appropriate action to have your refund issued based on the information you sent about the discrepancy in your name and social security number. You should receive the refund within \_\_\_\_\_ weeks.
- ☐ 10. Your refund has been delayed because our records show more than one return was filed using your social security number. If you didn't file more than one return, or if you filed a copy of your original return, please contact us.
- ☐ 11. We applied \$\_\_\_\_\_ of your 19\_\_\_\_\_ federal tax refund to an outstanding debt reported to IRS by the \_\_\_\_\_. The rest of your refund was scheduled to be mailed to you on \_\_\_\_\_. If you believe you don't owe this debt, contact the agency at the address or telephone number shown below.

Telephone (\_\_\_\_) \_\_\_\_\_

If you and your spouse filed a joint return but only one of you is responsible for the debt, the other may be able to file a claim to recover his or her part of the refund. Please contact our office for help.

- ☒ 12. OTHER: The Tax ID Number issued to  
Kreative Parts Inc., 2895 Big Sky Blvd, Kinnare, IL  
34744 ID 59-353520

If you have questions about this matter, please call or write our office. Use the telephone number or address shown on the front of this letter. Whenever you write, please include your daytime telephone number and the best time for us to call you.

Sincerely yours,

*Michael H. Whelton*

Call Center - Baltimore

Enclosure(s): As stated

★ U.S. GOVERNMENT PRINTING OFFICE: 1999 - 733-431/87226

Letter 1721(DO) (Rev. 10-93)