

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90438 023 \*\*\*150.00

**DOCUMENT # P99000019855**

1. Entity Name

**CREATIVE CONCEPTS LANDSCAPING, INC.**

Principal Place of Business

**5761 SOUTHWEST 14TH STREET  
 PLANTATION FL 33317**

Mailing Address

**5761 SOUTHWEST 14TH STREET  
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 268103**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WESTON FLA.**

Zip

Country

Zip

Country

**33326**

4. FEI Number

**65-0902080**

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

**CORT, STEVEN  
 5761 SW 14TH ST  
 PLANTATION FL 33317**

Name

**STEVEN CORT**

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

**10832 NW 8 COURT**

City

**PLANTATION**

**FL**

Zip Code

**33326**

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

*Steven Cort*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORT, PAMELA D 5761 SOUTHWEST 14TH STREET PLANTATION FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORT, STEVEN 5761 SOUTHWEST 14TH STREET PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVEN CORT P.O. Box 268103 WESTON FLA 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Steven Cort*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01**

Date

**(954) 236-3247**

Daytime Phone #

CR2E034 (10/00)