

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028448

1. Entity Name

CREATIVE CONSTRUCTION DESIGNS INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90229 033 ***150.00

Principal Place of Business

Mailing Address

1005 WURST ROAD
OCOE FL 34761

1005 WURST ROAD
OCOE FL 34761-1666

2. Principal Place of Business

3. Mailing Address

525 Roper Parkway
Suite, Apt. #, etc.

525 Roper Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

OCOE, FLORIDA

OCOE, FLORIDA

4. FEI Number

59-3567296

Applied For

Not Applicable

Zip

Country

34761

USA

Zip

Country

34761

USA

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

LLOYD, THOMAS
1005 WURST ROAD
OCOE FL 34761

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  Thomas Lloyd VO
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/2000
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, 2000 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 PD ☐ Delete
NAME LLOYD, SHIRLEY F
STREET ADDRESS 10058 IGRAM AVE
CITY-ST-ZIP APOPKA FL 32703

TITLE SD ☐ Change ☒ Addition
NAME Janice Lloyd
STREET ADDRESS 1005 WURST Road
CITY-ST-ZIP OCOEE FL 34761

TITLE VD ☐ Delete
NAME LLOYD, THOMAS
STREET ADDRESS 1005 WURST ROAD
CITY-ST-ZIP OCOEE FL 34761

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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  Thomas Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000 (407) 654-6601
Date Daytime Phone #

CR2E034 (9/99)