

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028820

1. Entity Name

NEW CREATIONS BUILDING CORP.

Principal Place of Business

1212 FOREST CIRCLE
ALTAMONTE SPRINGS FL 32714

Mailing Address

1212 FOREST CIRCLE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3566982

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

VIHLEN & SILLS, P.A.
1173 SPRING CENTRE SO. BLVD., STE. C
ALTAMONTE SPRINGS FL 32714

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, 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 D
NAME CROFTON, MATTHEW T
STREET ADDRESS 1212 FOREST CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE MD
NAME Luis Rodriguez E
STREET ADDRESS 232 Westown Colony Apt. 303
CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714 ☐ Change ☒ Addition

TITLE D
NAME CROFTON, WILLIAM L
STREET ADDRESS 1212 FOREST CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL-32714 ☐ Delete

TITLE MD
NAME Managing director
STREET ADDRESS Matt Long
CITY-ST-ZIP 132 VISTA Verdi cir. Apt. 204
LAKE MARY, FL. 32746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME JANE CROFTON R.
STREET ADDRESS 1212 FOREST CIRCLE
CITY-ST-ZIP ALTAMONTE Spgs., FL. 32714 ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90052 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)