

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90089 027 ***150.00

DOCUMENT # P99000030751

1. Entity Name

CREATIVE PRINTING & DESIGN, INC.

Principal Place of Business

Mailing Address

2479 S.W. BROOKWOOD LN.
PALM CITY FL 34990

2479 S.W. BROOKWOOD LN.
PALM CITY FL 34990-4752

2. Principal Place of Business

3. Mailing Address

1902 SW Willowbend Ln
Suite, Apt. #, etc.

1902 SW Willowbend Ln
Suite, Apt. #, etc.

City & State
Palm City Florida
Zip
34990
Country
USA

City & State
Palm City Florida
Zip
34990
Country
USA

4. FEI Number
65-0908217

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

BARTOK, JOHN A
2479 S.W. BROOKWOOD LN.
PALM CITY FL 34990

Name

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

1902 SW Willowbend Ln

City

Palm City

FL

Zip Code

34990

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, 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 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"/> 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: Karen J. Bartok **Karen J Bartok** **5/1/00** **561 283 3713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 014 (1/99)