

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038076

1. Entity Name
CREATIVE DESIGN CABINETRY OF CENTRAL FL, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90121 044 ***150.00

Principal Place of Business

Mailing Address

1215 SEMINOLA BLVD #117
CASSELBERRY FL 32707

1215 SEMINOLA BLVD #117
CASSELBERRY FL 32707

00052457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1228 Florida Ave

1228 Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, FL

Winter Springs, FL

Zip

Country

Zip

Country

32708

32708

4. FEI Number 59-3570522

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

ELSEA, THOMAS
1215 SEMINOLA BLVD #117
CASSELBERRY FL 32707

Name

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

1228 Florida Ave

City

Winter Springs FL

Zip Code

32708

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 ☐ Delete
NAME ELSEA, THOMAS
STREET ADDRESS 1215 SEMINOLA BLVD #117
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1228 Florida Ave
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 J. Elsea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)