

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90059 021 ***150.00

DOCUMENT # P99000060591

1. Entity Name

CREATIVE INTERIORS BY DONNA CARSE, INC.

Principal Place of Business

**2555 CANTERBURY CIRCLE
 VIERA FL 32955**

Mailing Address

**2555 CANTERBURY CIRCLE
 VIERA FL 32955**

2. Principal Place of Business

1734 Morning Glory Dr
 Suite, Apt. #, etc.

3. Mailing Address

1734 Morning Glory Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

Zip **32940**

Country **BREVARD**

City & State

Melbourne, FL

Zip **32940**

Country **BREVARD**

4. FEI Number

59-3585297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHILLINGER, CHARLES A
 3125 WEST NEW HAVEN AVE STE 200
 WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

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

Donna Salazar

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, DONNA C	
STREET ADDRESS	2555 CANTERBURY CIRCLE	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, RAYMOND	
STREET ADDRESS	2555 CANTERBURY CIRCLE	
CITY-ST-ZIP	VIERA FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)