

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90088 004 \*\*\*150.00

**DOCUMENT # S48144**

1. Entity Name  
**CREATIVE DESIGN CABINETRY, INC.**



Principal Place of Business  
6619 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33413 US

Mailing Address  
6619 FOREST HILL BLVD  
WEST PALM BCH, FL 33413 US

70027047

2. Principal Place of Business  
**125 Miller Way**  
Suite, Apt. #, etc.  
**#28**

3. Mailing Address  
**2189 RADNOR Ct**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Lake Park, FL**  
Zip  
**33403** Country  
**USA**

City & State  
**N. Palm Bch, FL**  
Zip  
**33408** Country  
**USA**

4. FEI Number  
**65-0256991** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOBGOOD, WILBUR**  
**2189 RADNOR COURT**  
**NORTH PALM BEACH, FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOBGOOD, WILBUR	
STREET ADDRESS	2189 RADNOR COURT	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOBGOOD, VELYN	
STREET ADDRESS	2189 RADNOR COURT	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIEGEL, FRANK	
STREET ADDRESS	23 CITRUS DR	
CITY-ST-ZIP	RIVERA BCH, FL 33404	
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		

## 11. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilbur Hobgood ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 (561) 691-0822

Date Daytime Phone #

CR2E034 (10/02)