

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90127 015 ***150.00

DOCUMENT # P00000044407

1. Entity Name
CREATIVE TIMES ACADEMY, INC.



Principal Place of Business
**29809 FOG HOLLOW DR
WESLEY CHAPEL FL 33543**

Mailing Address
**29809 FOG HOLLOW DR
WESLEY CHAPEL FL 33543**

90013385



2. Principal Place of Business

26031 County Line Rd
Suite, Apt. #, etc.

3. Mailing Address

26031 County Line Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Wesley Chapel FL

City & State
Wesley Chapel FL

4. FEI Number **59-3643948**

Applied For
Not Applicable

Zip **33543** Country **USA**

Zip **33543** Country **USA**

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

6. Name and Address of Current Registered Agent

**BALLMANN, MELISSA
29809 FOG HOLLOW DR
WESLEY CHAPEL FL 33543**

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 *Melissa Ballmann* **Melissa Ballmann** **President**

1/22/03

Signature, typed or printed name of registered agent and title if applicable.

(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 **PT** ☐ Delete
NAME **BALLMANN, MELISSA**
STREET ADDRESS **29809 FOG HOLLOW DR**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **VS** ☐ Delete
NAME **BALLISH, KIMBERLY**
STREET ADDRESS **29809 FOG HOLLOW DR**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VS** ☒ Change ☐ Addition
NAME **BALLISH, Kimberly**
STREET ADDRESS **27038 Sea breeze way**
CITY-ST-ZIP **Wesley Chapel, FL 33543**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Melissa Ballmann* **MELISSA BALLMANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

Date

(813) 907-2700

Daytime Phone #

CR2E034 (10/02)