

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-12-2003 90215 013 \*\*\*150.00

**DOCUMENT # P02000083946**



1. Entity Name  
**CREATIVE JEWELRY DESIGNS, INC.**

Principal Place of Business  
**2315 NW 49TH AVENUE  
GAINESVILLE FL 32605**

Mailing Address  
**2315 NW 49TH AVENUE  
GAINESVILLE FL 32605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**04-3706362**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BORGMANN, SUSAN S  
2315 NW 49TH AVENUE  
GAINESVILLE FL 32605**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BORGMANN, SUSAN S</b>	
STREET ADDRESS	<b>2315 NW 49TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BORGMANN, CARL G</b>	
STREET ADDRESS	<b>2315 NW 49TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>SEC.</b>	<input type="checkbox"/> Delete
NAME	<b>BORGMANN, SUSAN S</b>	
STREET ADDRESS	<b>2315 NW 49TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BORGMANN, CARL G</b>	
STREET ADDRESS	<b>2315 NW 49TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
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"/> Change <input type="checkbox"/> Addition
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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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Susan S. Borgmann* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Susan S. Borgmann** **5/8/03** **352-381-9990**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc # PD2000083946

90132688

May 8, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This is a follow-up letter to a conversation I had with your office today. The young lady I spoke with said that you all were running a little behind your May 1 deadline, and that if I sent in my Uniform Business Report and \$150.00 filing fee today, that I would probably not be charged the late fee. That is what I am hoping.

I know you have probably heard it all, and you certainly don't want to hear my sad story, however I had been in Arizona since January assisting my mother during recovery from back surgery. While there my Father had a heart attack. I have just returned to Florida this past weekend.

As a newly formed company, August 2, 2002, I am still learning of my state responsibilities. I apologize for my error. I truly hope you will be kind enough to waive the late filing fee. I am concerned that I may be forced to dissolve my business if I have to come up with that additional money, as I have made virtually no income this year.

Your consideration of my request will be greatly appreciated.

Sincerely,

*Susan Borgmann*

Susan Borgmann  
Creative Jewelry Designs