

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 043 ***150.00

DOCUMENT # P98000071632

1. Entity Name
CREATIONS BY ANN MARIE, INC.

Principal Place of Business

3344 CURRY FORD RD.
ORLANDO FL 32806

Mailing Address

5273-2 TUNBRIDGE WELLS LN.
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

2469 Stoneview Ro.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

59-3528174

Applied For

Not Applicable

Zip

Country

Zip

Country

32806

USA

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

PENKACIK, ALFRED W

5273-2 TUNBRIDGE WELLS LN

ORLANDO FL 32812

Name

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

2469 Stoneview Rd

City

Orlando

FL

Zip Code

32806

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PENKACIK, ANN M**
STREET ADDRESS **5273-2 TUNBRIDGE WELLS LN**
CITY-ST-ZIP **ORLANDO FL 32812**

☒ Change ☐ Addition
TITLE
NAME **2469 Stoneview Road**
STREET ADDRESS **Orlando, FL 32806**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **PENKACIK, ALFRED W**
STREET ADDRESS **5273-2 TUNBRIDGE WELLS LN**
CITY-ST-ZIP **ORLANDO FL 32812**

☒ Change ☐ Addition
TITLE
NAME **2469 Stoneview Road**
STREET ADDRESS **Orlando, FL 32806**
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
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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:

Alfred W Penkacik

4/13/02

407 350 2149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)