

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093892

1. Entity Name

STRATEGIC CREATIONS, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90125 009 ***150.00

Principal Place of Business

4175 EAST BAY DRIVE
SUITE 242
LARGO FL 33764

Mailing Address

4175 EAST BAY DRIVE
SUITE 242
LARGO FL 33764

2. Principal Place of Business

4175 East Bay Dr

3. Mailing Address

4175 East Bay Dr

Suite, Apt. #, etc.

Suite 242

Suite, Apt. #, etc.

Suite 242

City & State

Clearwater FL

City & State

Clearwater FL

Zip

Country

33764 USA

Zip

Country

33764 USA

4. FEI Number

59-3481381

Applied For

Not Applicable

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

GUIDRY, ADRIENE W
4175 EAST BAY DRIVE
SUITE 242
LARGO FL 33764

Name

Adriene D. Parvia

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

4175 EAST BAY DRIVE
Suite 242

City

Clearwater

FL

Zip Code

33764

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

3/1/00

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, 2000 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 NAME	PD GUIDRY, ADRIENE W	<input type="checkbox"/> Delete
STREET ADDRESS	6630 121ST AVENUE, NORTH #4	
CITY-ST-ZIP	LARGO FL 33773	
TITLE NAME	STD REED, KARLA	<input type="checkbox"/> Delete
STREET ADDRESS	6630 121ST AVENUE, NORTH #4	
CITY-ST-ZIP	LARGO FL 33773	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Adriene D. Parvia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9995 54th ST. N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE NAME	STD Karla Reed	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13207 Sharondale Ct.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adriene Guidry Parvia
President

Date

Daytime Phone #

3/1/00

CR2E034 (9/99)