2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am DOCUMENT # P97000024809 Secretary of State 1. Entity Name CREATIVE ARTWEAR, INC. 04-25-2001 90154 018 ***150.00 Principal Place of Business Mailing Address 141 E. Riverside Drive, #90 141 E. Riverside Drive, #90 Jupiter, Fl 33469 Jupiter, Fl 33469 A0056732 2. Principal Place of Business 3. Mailing Address 7992 SE Helen Terrace 7992 SE Helen Terrace Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0745071 Hobe Sound, Florida Hobe Sound, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33455 33455 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTOPHER A. KEAYS KEAYS, SHERI L Street Address (P.O. Box Number is Not Acceptable) 7992 SE Helen terrace 141 E. Riverside Drive, #90 Jupiter, Fl 33469 Hobe Sound 8. The above named atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. April 12, 2001 Christopher A. Keays, President & Secretary-Treasurer SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE X Delete TITLE X Change ☐ Addition KEAYS, CHRISTOPHER A NAME NAME KEAYS, SHERI L STREET ADDRESS STREET ADDRESS 7992 SE Helen Terrace 141E Riverside Drive, #90 CITY-ST-ZIP CITY-ST-7IP Hobe Sound, Fl 33455 Jupiter, Fl 33469 TITLE ☐ Delete TITLE Change Addition NAME NAME KEAYS, CHRISTOPHER A STREET ADDRESS STREET ADDRESS 141 E. Riverside Drive, #90 Jupiter, F1 33469 CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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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, withy other like empowered.

SIGNATURE:

Christopher A. Keays

SIGNATURE:

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Christopher A. Keays

SIGNATURE:

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