

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State
 09-18-2001 90011 038 ***550.00

0072892 AV

DOCUMENT # P0000035385
 1. Entity Name
STRATEGIC CREATIVITY CORPORATION

Principal Place of Business Mailing Address
5200 POINSETTIA #2502 5200 POINSETTIA #2502
W. PALM BEACH FL 33407 W. PALM BEACH FL 33407

2. Principal Place of Business 3. Mailing Address
277 ROYAL PALMCIANA WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BEACH FL
 Zip Country Zip Country
33480

4. FEI Number Applied For
65-1045847 182212 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

979363



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STILL, JOSEPH K, JR ESQ
500 AUSTRALIAN AVE. S., #600
W. PALM BEACH FL 33401

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BOYAR, ROBERT 5200 POINSETTIA #2502 W. PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BOYAR ROBERT 277 ROYAL PALMCIANA WAY PALM BEACH FL 33480
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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, with all other like empowered.

SIGNATURE: SIGNATURE OF ROBERT BOYAR 7/9/01 8007310220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)