

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035385

1. Entity Name
STRATEGIC CREATIVITY CORPORATION

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90011 038 ***550.00

0072892 AV

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

Mailing Address
5200 POINSETTIA #2502
W. PALM BEACH FL 33407

979363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

277 ROYAL PAVILION WAY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
PALM BEACH FL

City & State

4. FEI Number

65-1045847 182212

Applied For

Not Applicable

Zip
33480

Country

Zip

Country

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

STILL, JOSEPH K JR ESQ
500 AUSTRALIAN AVE. S., #600
W. PALM BEACH FL 33401

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

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 \$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
D
BOYAR, ROBERT
5200 POINSETTIA #2502
W. PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOYAR, ROBERT
277 ROYAL PAVILION WAY
PALM BEACH FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
BOYAR, ROBERT

Date
7/9/01

Daytime Phone #
8007310220

CR2E034 (5/01)