

2001 UNIFORM BUSINESS REPORT (UBR)

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

07-18-2001 90013 050 ***150.00

0137916 AB

DOCUMENT # 623852

1. Entity Name
THE CREATORS, INC.



Principal Place of Business
220 MAIN STREET
P O BOX 1367
MCCOMB MS 39648

Mailing Address
220 MAIN STREET
P O BOX 1367
MCCOMB MS 39648



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-2022398** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, STEWART A.
5110 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32218

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, STEWART A.		NAME		
STREET ADDRESS	220 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	MCCOMB MS		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, STEWART A. JR.		NAME		
STREET ADDRESS	5110 W UNIVERSITY BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, AILEEN B.		NAME		
STREET ADDRESS	220 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	MCCOMB MS		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

7-9-01 601-684-5345
 Date Daytime Phone #

CR2E034 (5/01)

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THE CREATORS, INC.

Principal Place of Business

Mailing Address

220 MAIN STREET
P O BOX 1367
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P O BOX 1367
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Attachment
Doc# 00073701



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2022398

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

SMITH, STEWART A.
5110 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to elect its Intangible
Tax filing requirement and elect to do so ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME SMITH, STEWART A. ☐ Delete
STREET ADDRESS 220 MAIN STREET
CITY-ST-ZIP MCCOMB MS 39648

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

TITLE VP
NAME SMITH, STEWART A. JR. ☐ Delete
STREET ADDRESS 5110 W UNIVERSITY BLVD
CITY-ST-ZIP JACKSONVILLE BEACH FL 32216

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

TITLE ST
NAME SMITH, AILEEN B. ☐ Delete
STREET ADDRESS 220 MAIN STREET
CITY-ST-ZIP MCCOMB MS 39648

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Aileen B Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aileen B Smith

4-17-01

601-684-5345

Date

Signature

Attachment
Doc# 623852 - C6073701

STEWART A. SMITH CORPORATE OFFICE

P. O. Box 1367, McComb, Mississippi 39649
Telephone#: (601) 684-5345, Fax: (601) 684-8459

July 9, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Creators, Inc.
Document #623852

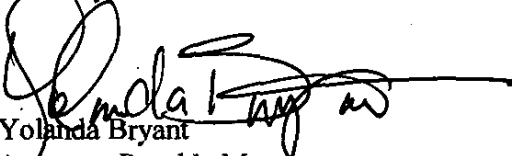
Dear Sir/Madam:

On Friday, July 6, 2001, we received notice that we had not filed our 2001 Uniform Business Report. But, after researching our records, we found that we had filed the report on April 18, 2001 and paid the \$150.00 filing fee with check number 2707. But, when we called your office, we were informed that on April 27, 2001, our check was returned to be reissued with a letter stating that the check was not made payable to Florida Department of State, Divisions of Corporations. However, as we informed your office, to date, we have not received this letter or our check back.

As per instructions by your office, enclosed are copies of the uniform business report and the check that were sent to you in April, along with an additional \$150.00 filing fee.


If you have any additional questions or comments regarding this matter, please feel free to contact us at the Corporate Office address or telephone number listed above, at your earliest convenience. Thank you.

Sincerely,



Yolanda Bryant
Accounts Payable Manager

Attachment
Doc# 683852-C6073701

CREATORS, INC. P.O. BOX 1367 PH. 601-684-5345 MC COMB, MS 38648		2707
DATE <u>4/17/01</u>		85-312/653
PAY TO THE ORDER OF <u>Creators</u>		
<u>One Hundred Fifty Four 00/100</u>		\$ <u>150.00</u>
VOID AFTER 120 DAYS		DOLLARS 
FOR <u>#623802</u>		<u>Albert B Smith</u>
Pike County national bank McComb, MS 38648		
"002707" "065303124" 700"762"01"		