

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

066961 AB

DOCUMENT # 623852

1. Entity Name  
THE CREATORS, INC.



03 SEP 10 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2022398

Applied For  
Not Applicable

Zip

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)  
2626 Crystal Court Cove

City Jacksonville

FL

32224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stewart A. Smith* *Stewart A. Smith* 9-1-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SMITH, STEWART A.  
STREET ADDRESS 220 MAIN STREET  
CITY-ST-ZIP MCCOMB MS ☐ Delete

TITLE  
NAME  
STREET ADDRESS 200022931062  
CITY-ST-ZIP 09/10/03--01055--028 \*\*\$550.00 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS 2626 Crystal Court Cove  
CITY-ST-ZIP Jacksonville, FL 32224 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stewart A. Smith* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-03 904-759-6641

Date Daytime Phone #

CR2E034 (10/02)