

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91162 038 ***150.00

DOCUMENT # **H02293**

(9)

1. Entity Name:
CUSTOM JEWELRY CREATIONS, INC

Principal Place of Business: **6339 Tacoma Dr Suite 2 Port Richey FL 34668**
 Mailing Address: **6339 Tacoma Dr Suite 2 Port Richey FL 34668**

2. Principal Place of Business: **9239 US Hwy 19 N**
 Suite, Apt. #, etc.
 3. Mailing Address: **9239 US Hwy 19 N**
 Suite, Apt. #, etc.

City & State: **Port Richey FL** City & State: **Port Richey FL**
 Zip: **34668** Country: **PASCO** Zip: **34668** Country: **PASCO**
 4. FEI Number: **59-2405157** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

770913

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KUMAR, KIRAN G.
9239 US Hwy 19 N
PORT RICHEY FL 34668

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: **Muhammad Kumar** **KUMAR, KIRAN G.** DATE: **April 27th 2001**
Signature must be printed name of registered agent and title if applicable. (NOT) 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!! 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

TITLE	S	<input type="checkbox"/> Delete
NAME	KUMAR DEEPTHI	
STREET ADDRESS	12916 SAND BURST LANE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KUMAR KIRAN	
STREET ADDRESS	12916 SAND BURST LANE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR DEEPTHI	
STREET ADDRESS	9239 US Hwy 19 N	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR KIRAN	
STREET ADDRESS	9239 US Hwy 19 N	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Muhammad Kumar** **KUMAR, KIRAN G.** DATE: **April 27th 01** (727) 847-6253
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/00)