


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90032 025 \*\*\*150.00

**DOCUMENT # H07502**

1. Entity Name  
**CREATIVE COSMETICS, INC.**



Principal Place of Business  
**417 RICHARD RD.  
ROCKLEDGE FL 32955**

Mailing Address  
**417 RICHARD RD.  
ROCKLEDGE FL 32955**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SHIELDS, VIRGINIA  
417 RICHARD RD.  
ROCKLEDGE FL 32955**

4. FEI Number **59-2422939**  
Applied For  
 Not Applicable

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

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

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003: Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHIELDS, WILLIAM 417 RICHARD RD. ROCKLEDGE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SHIELDS, VIRGINIA 417 RICHARD RD. ROCKLEDGE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Virginia Shields **SIGNATURE REQUIRED** 7/7/03 321-636-0717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment  
**CCI**

417 Richard Road  
Rockledge, Florida 32955

**NEW AREA CODE**  
**(321) 636-0717**  
**Fax (321) 631-3861**

90140926  
# H07502

July 7, 2003

Fl. Dept. Of State  
Div. of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

We did not receive this until last week and did not get one ealier. We are paying the \$150.00 fee.

*Virginia A. Shields*

Virginia A. Shields  
Treasurer