

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

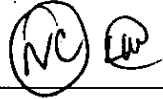
**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 024 \*\*\*150.00

DOCUMENT # **H55524**

1. Entity Name

**Creative Coaches Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**725 Hamlin Dr**

Suite, Apt. #, etc.

3. Mailing Address

**725 Hamlin Dr**

Suite, Apt. #, etc.

City & State

**Ocoee FL**

City & State

**Ocoee FL**

4. FEI Number

**59-2578575**

Applied For

Not Applicable

Zip **32761**

Country **US**

Zip **32761**

Country **US**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Lorraine Luce**

Street Address (P.O. Box Number is Not Acceptable)  
**725 Hamlin Dr.**

City **Ocoee**

**FL**

Zip Code **32761**

**DO NOT WRITE  
IN THIS SPACE**

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

*Lorraine Luce* **Lorraine Luce**

**4/23/02**

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)



**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME **D Lorraine Luce**  
STREET ADDRESS **725 Hamlin Dr**  
CITY-ST-ZIP **Ocoee FL 32761**

TITLE  
NAME **D Jack Luce**  
STREET ADDRESS **725 Hamlin Dr.**  
CITY-ST-ZIP **Ocoee FL 32761**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lorraine Luce* **Lorraine Luce**

Date

Daytime Phone #

**4/23/02 407-656-7140**

CR2E034B (12/01)