2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H58780** 1. Entity Name APPLIED CREATIVITY, INC. Mailing Address Principal Place of Business 13498 ALPINE AVENUE, N. 13498 ALPINE AVENUE, N. SEMMOLE FL 33776 SEMINOLE FL 33776-3029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

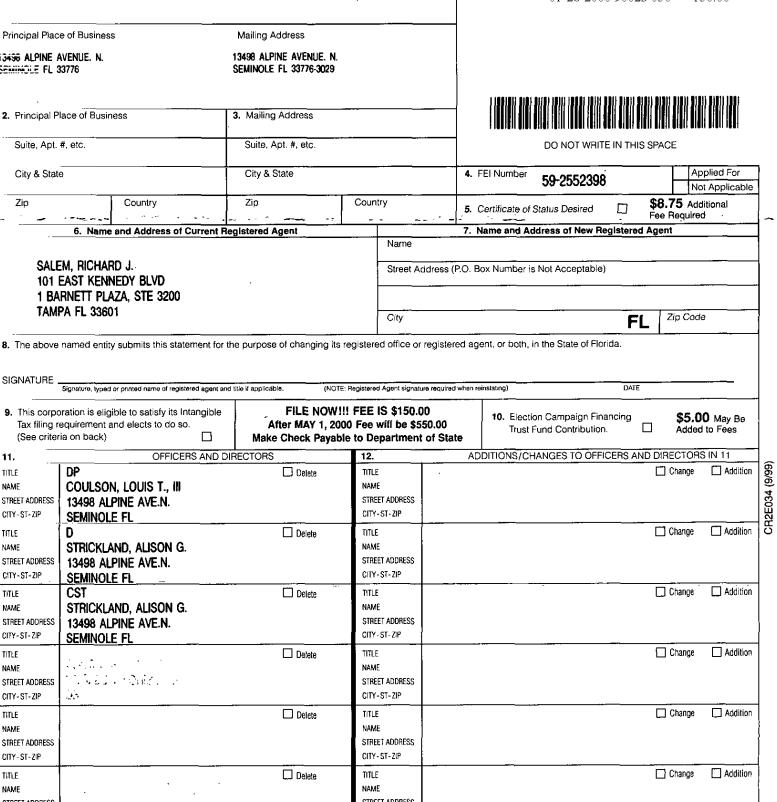
CITY-ST-ZIP

Name

City

FILED Jan 26, 2000 8:00 am Secretary of State

01-26-2000 90023 050 ***150.00



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.

CITY-ST-ZIP

SIGNATURE:

City & State

SALEM, RICHARD J.

TAMPA FL 33601

(See criteria on back)

101 EAST KENNEDY BLVD 1 BARNETT PLAZA, STE 3200

9. This corporation is eligible to satisfy its Intangible

COULSON, LOUIS T., III

STRICKLAND, ALISON G.

STRICKLAND, ALISON G.

Garage Circ

13498 ALPINE AVE.N.

13498 ALPINE AVE.N.

13498 ALPINE AVE.N.

SEMINOLE FL

SEMINOLE FL

SEMINOLE FL

Tax filing requirement and elects to do so.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR