

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19537

1. Entity Name

CREATIVE FRAMING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90005 041 ***150.00

Principal Place of Business Mailing Address
C/O KENNETH R. LAURENCE C/O KENNETH R. LAURENCE
1007 KANE CONCOURSE 1007 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154-2105

2. Principal Place of Business 3. Mailing Address
1001 Kane Concourse 1001 Kane Concourse

Suite, Apt. #, etc. Suite, Apt. #, etc.
Bay Harbor FL Bay Harbor FL

City & State City & State
33154 Bay Harbor FL

Zip Country Zip Country
33154 USA 33154 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2686066 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LAURENCE, KENNETH R.
1007 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAURENCE, KENNETH R.			NAME			
STREET ADDRESS	1007 KANE CONCOURSE			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLD. FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAURENCE, ANNE E.			NAME			
STREET ADDRESS	1007 KANE CONCOURSE			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLD. FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 Anne Laurence 4/14/00 305 864 4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)