**FILED** 

05-03-2001 90086 048 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K02156**

1. Entity Name

CREATIVE CREDIT COMPANY

Principal Place of Business Mailing Address C/O DAVID RADCLIFFE C/O DAVID RADCLIFFE 3840-1 WILLIAMSBURG PARK BLVD. P. O. BOX 56272 JACKSONVILLE FL 32257 JACKSONVILLE FL 32241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1786582 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RADCLIFFE, DAVID Street Address (P.O. Box Number is Not Acceptable) 38401 WILLIAMSBURG PK BLVD JACKSONVILLE FL 32257 Zip Code Fì 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD Change Addition CR2E034 (10/00 TITLE ☐ Delete TITLE RADCLIFFE, DAVID G. NAME NAME STREET ADDRESS 38401 WILLIAMSBURG PARK BLVD STREET ADDRESS CITY-ST-ZIP JACKSOVILLE FL CITY-ST-ZIP STD ☐ Addition Change ☐ Delete TITLE RADCLIFFE, NANCY L. NAME NAME 38401 WILLIAMSBURG PK BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ampowered.

CITY-ST-ZIP

City-St-7IP

SIGNATURE AND TYPED OR PRIN

Daytime Phone #