

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90680 011 ***150.00

DOCUMENT # K73543

1. Entity Name
CREATIVE IMAGES OF BREVARD, INC.



Principal Place of Business
~~4340-A FORTUNE PLACE~~
W MELBOURNE FL 32904
US

Mailing Address
~~4340-A FORTUNE PLACE~~
W MELBOURNE FL 32904
US



2. Principal Place of Business
4315 Woodland Park Dr

3. Mailing Address
4315 Woodland Park Dr.

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
West Melbourne FL

City & State
West Melbourne FL

Zip
32904

Country
USA

Zip
32904

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2938197

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, KRISTINA R.
3200 BIRD SONG CT
MELBOURNE FL 32934

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **HARRISON, KRISTINA, R**
STREET ADDRESS **3200 BIRD SONG CT**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **D** ☐ Delete
NAME **HARRISON, TERRY L.**
STREET ADDRESS **3200 BIRD SONG CT**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

321-725-6006

Daytime Phone #X 446

CR2E034 (10/02)