

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-03-2003 90006 015 ****50.00

DOCUMENT # L02000032795

1. Entity Name

CREATIVE CORPORATE PLANNERS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

831 N. Railroad Ave

3. Mailing Address

831 N. Railroad Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

57-0437543

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sharples Kenneth

Street Address (P.O. Box Number is Not Acceptable)

1300 Elizabeth Ave

City

WPB

FL

Zip Code

33401

**DO NOT WRITE
IN THIS SPACE**

I, 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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
SHARPLES KENNETH
831 N. RAILROAD AVE
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Ford, Phillip
16744 W. Durham Blvd
Lox, FL 33420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Jones, Margo
4751 Via Palm Lk.
W. P. B., FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

2/24/03

(561) 659-6339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)