

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90100 001 \*\*\*150.00

**DOCUMENT # L86891**

1. Entity Name

**P T CREATIONS INC.**



Principal Place of Business  
**P O BOX 173  
NEW PORT RICHEY FL 34656  
US**

Mailing Address  
**P O BOX 173  
NEW PORT RICHEY FL 34656  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3020471**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCIME', ANTHONY  
4404 GENESEE LANE  
POST OFFICE BOX 173  
NEW PORT RICHEY FL 34656**

Name **SCIME', ANTHONY**

Street Address (P.O. Box Number is Not Acceptable)  
**8129 STONY BRIDGE DR.**

**POST OFFICE BOX 173**

City **NEW PORT RICHEY**

**FL**

Zip Code **34656**

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 *Anthony Scime'*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/2003  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SCIME', ANTHONY**  
STREET ADDRESS **4404 GENESEE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition  
NAME **SCIME', ANTHONY**  
STREET ADDRESS **8129 STONY BRIDGE DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PT** ☐ Delete  
NAME **SCIME, ANTHONY**  
STREET ADDRESS **4404 GENESEE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition  
NAME **SCIME, ANTHONY**  
STREET ADDRESS **8129 STONY BRIDGE DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☐ Delete  
NAME **SCIME, PATRICIA ANNE**  
STREET ADDRESS **4404 GENESEE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition  
NAME **SCIME, PATRICIA ANNE**  
STREET ADDRESS **8129 STONY BRIDGE DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Anthony Scime'*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2003 927372 0037  
Date Daytime Phone #

CR2E034 (10/02)