

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-08-2002 90076 044 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008836

1. Entity Name
BE CREATIVE (US), L.C.

Principal Place of Business

1605 MAIN STREET, STE 1001
SARASOTA FL 34236
4563 TRAILS DRIVE
SARASOTA FL 34232

Mailing Address

1605 MAIN STREET, STE 1001
SARASOTA FL 34236
4563 TRAILS DRIVE
SARASOTA FL 34232

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0970912

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GOLDSMITH, STANLEY A~~
~~1605 MAIN STREET, STE 1001~~
~~SARASOTA FL 34236~~

ELLIS, NIGEL
4563 TRAILS DRIVE
SARASOTA
FL 34232

7. Name and Address of New Registered Agent

Name
ELLIS, NIGEL
Street Address (P.O. Box Number is Not Acceptable)
4563 TRAILS DRIVE
SARASOTA
City

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.

FL Zip Code 34232

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

15 JULY 2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MGR	ELLIS, NIGEL	20 OXFORD MEWS HOVE	E. SUSSEX, UK BN33NF	☐
MGR	MILES, MICHAEL	700 LONGVIEW DRIVE (BUTTERWOOD HARBOR)	LONGBOAT KEY FL 34228	☐
MGR	BENNETT, JANE	FLAT 1, 18 THE UPPER DRIVE	SUSSEX, UK BN36GN	☐
MGR	BUTLER, JAY	75 CHESTER TERRACE, HOVE BRIGHTON	E. SUSSEX, UK BN16GB	☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
MGR	ELLIS, NIGEL	4563 TRAILS DRIVE	SARASOTA, FL 34232	☒
				☐
				☐
				☐
				☐
				☐
				☐

11. 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 REQUIRED

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

Date

Daytime Phone #