

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90427 038 \*\*\*150.00

**DOCUMENT # M92322**

1. Entity Name  
**CREATIVE OCEANS, INC.**

Principal Place of Business <b>CREATIVE OCEANS INC          150 S DALE MABRY          TAMPA FL 33609          US</b>	Mailing Address <b>CREATIVE OCEANS INC          150 S DALE MABRY          TAMPA FL 33609-2837          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-2902188</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>HUFSTETLER, DONALD          10506 LACERA DR          TAMPA FL 33618</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>HUFSTETLER, DONALD 10605 LACERA DRIVE TAMPA FL 33618</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>GROSS, HOWARD 3 HOLLYCROFT LN LINWOOD NJ 08221</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>GROSS, GAYLE 3 HOLLYCROFT LN LINWOOD NJ 08221</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>HUFSTETTLER, MARY 10506 LACERA DR TAMPA FL 33618</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 empowered.

SIGNATURE: Marye Hufstetler Treasurer 3/26/00 813-873-0555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)