

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90138 030 ***150.00

DOCUMENT # P00000005798

1. Entity Name
CREATIVE PAGES, INC.



Principal Place of Business
1258 BARBARA ROAD
#207
VENICE FL 34292-2113
US

Mailing Address
1258 BARBARA ROAD
#207
VENICE FL 34292-2113
US

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0852694**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTEN, JOHN
1258 BARBARA DR
#207
VENICE FL 34292

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **LAWSON, BOB**
STREET ADDRESS **418 MAYFAIR DRIVE**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **P** ☐ Delete
NAME **PATTEN, JOHN**
STREET ADDRESS **1258 BARBARA DR #207**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **P** ☒ Change ☐ Addition
NAME **JOHN PATTEN**
STREET ADDRESS **1258 BARBARA DR. #207**
CITY-ST-ZIP **VENICE, FL. 34292**

TITLE **V** ☐ Delete
NAME **LARRY VINESKI**
STREET ADDRESS **2890 IDA LANE**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE **V** ☐ Change ☒ Addition
NAME **LARRY VINESKI**
STREET ADDRESS **2890 IDA LANE**
CITY-ST-ZIP **NORTH PORT, FL 34286**

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 another like empowered.

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

4/20/03 **941**
484-0488
Date Daytime Phone #

CR2E034 (10/02)