

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90065 047 \*\*\*150.00

**DOCUMENT # P00000030677**

**1. Entity Name**  
**CREATIVE LITTLE HANDS, INC.**

**Principal Place of Business**

**6027 KENNERLY ROAD  
 JACKSONVILLE FL 32216**

**Mailing Address**

**6027 KENNERLY ROAD  
 JACKSONVILLE FL 32216**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3637462**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**PUCHETTA, SYLVIA  
 6027 KENNERLY ROAD  
 JACKSONVILLE FL 32216**

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.**

**SIGNATURE**

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

(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, 2002 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 NAME** **DPS PUCHETTA SYLVIA** ☐ Delete  
**STREET ADDRESS** **6027 KENNEDY ROAD**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32216**

**TITLE NAME** **DPST** ☒ Change ☐ Addition  
**STREET ADDRESS** **6027 Kennerly Rd**  
**CITY-ST-ZIP**

**TITLE NAME** **DVT DIAZ, GRISELE** ☒ Delete  
**STREET ADDRESS** **6027 KENNEDY ROAD**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32216**

**TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE NAME** **DV Jorge Puchetta** ☐ Change ☒ Addition  
**STREET ADDRESS** **6027 Kennerly Rd**  
**CITY-ST-ZIP** **JAX, FL 32216**

**TITLE NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Sylvia Puchetta* **Sylvia Puchetta** **4-16-02 (904) 430-3944**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)