

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-08-2001 90018 040 ***150.00

DOCUMENT # P00000030723

1. Entity Name

SOUTHPAW CREATIVES, INC.

Principal Place of Business

~~3220 BAYVIEW DRIVE 212~~
~~FT. LAUDERDALE FL 33306~~

Mailing Address

~~3220 BAYVIEW DRIVE 212~~
~~FT. LAUDERDALE FL 33306~~

2. Principal Place of Business

1580 Sawgrass Corp Pkwy.

Suite, Apt. #, etc.

Ste. 130

City & State

Sunrise, Florida

Zip **33323**

Country **USA**

3. Mailing Address

1580 Sawgrass Corp. Pkwy.

Suite, Apt. #, etc.

Ste. 130

City & State

Sunrise, Florida

Zip **33323**

Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0986263

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOLLENBERGER, LORI E

~~3220 BAYVIEW DRIVE 212~~ **1580 Sawgrass Corp. Pkwy**
~~FT. LAUDERDALE FL 33306~~ **Suite 130**
Sunrise, FL 33323

7. Name and Address of New Registered Agent

Name **Shollenberger, Lori E.**

Street Address (P.O. Box Number is Not Acceptable)

1580 Sawgrass Corporate Parkway
Suite 130

City **Sunrise**

FL

Zip Code **33323**

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

Lori E. Shollenberger, President/Owner

3-5-01

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, 2001 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

TITLE **D** ☐ Delete
NAME **SHOLLENBERGER, LORI E**
STREET ADDRESS **3220 BAYVIEW DRIVE 212**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Shollenberger, Lori E.**
STREET ADDRESS **735W 3rd St.**
CITY-ST-ZIP **Pompano Beach, FL 33060**

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

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

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TITLE ☐ Change ☐ Addition
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:

Lori E. Shollenberger / Pres/owner 4-10-01 (954)343-7091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)