

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00 0000 35709**

1. Entity Name

Creations By Val, Inc.

05 MAY -2 AM 10:58

FILED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Peggy Drive

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

05

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3637052

Applied For

Not Applicable

Zip

32305

Country

USA

Zip

32305

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Valeria Anderson**

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

801 Peggy Drive

City

Tallahassee

FL

Zip Code

32305

**DO NOT WRITE
IN THIS SPACE**

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

Valeria Anderson **Valeria Anderson** **5/2/05**

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 **President**
NAME **Valeria Anderson**
STREET ADDRESS **801 Peggy Drive**
CITY-ST-ZIP **Tallahassee, FL 32305**

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**600054666896
05/17/05--01024--017 **150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Valeria Anderson **Valeria Anderson** **5/2/05**

878-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)