

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90280 048 ***150.00

DOCUMENT # P00000045342



1. Entity Name
BERDINE CREEDY ORIGINALS, INC.

Principal Place of Business
**5015 N.W. 71ST PLACE
 GAINESVILLE FL 32653**

Mailing Address
**5015 N.W. 71ST PLACE
 GAINESVILLE FL 32653**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3653461**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CREEDY, BERDINE
 5015 N.W. 71ST PLACE
 GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$560.00
After September 10, 2003 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CREEDY, MICHAEL 5015 N.W. 71ST PLACE GAINESVILLE FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CREEDY, BERDINE 5015 N.W. 71ST PLACE GAINESVILLE FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **SIGNATURE R. [Signature] Berdine Creedy** 28 July 2003 (352) 336-2510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

10 110802

Attachment

Business Bookkeeping Service, Inc.

Phone
352-375-2797

2711 NW 6th Street
Suite F
Gainesville, Fl. 32609

Fax
352-375-1706

July 24, 2003

TO WHOM IT MAY CONCERN:
RE: BERDINE CREEDEY ORIGINALS, INC.
DOCUMENT #. P00000045342

PLEASE ACCEPT THIS PAYMENT OF \$150.00 WITH THIS UNIFORM BUSINESS
REPORT (UBR). THE REASON FOR THIS AMOUNT IS BECAUSE OUR CLIENT
"**BERDINE CREEDEY ORIGINALS, INC**" NEVER RECEIVED THE FIRST UBR THAT WAS
MAILED OUT.

IF THERE IS ANY PROBLEMS PLEASE CONTACT OUR OFFICE AT THE ABOVE
NUMBERS. THANK YOU FOR YOUR ASSISTANCE WITH THIS PROBLEM.

Regina Sweat
REGINA SWEAT
BUSINESS BOOKKEEPING SERVICE, INC.