

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 021 ***150.00

DOCUMENT # **P 00000046251**
 1. Entity Name **CINDY CREGGER DESIGN, PRINTING + SPECIALTY ADVERTISING, INC.**

Principal Place of Business Mailing Address
832 FIRST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business 3. Mailing Address
832 1ST ST. SOUTH **832 1ST ST. S.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
JAX BCH
 City & State City & State
FL **JAX BCH FL**
 Zip Country Zip Country
32250 **USA** **32250** **USA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALCINDA CREGGER
832 1ST ST.
JAX BCH FL 32250

4. FEI Number **59-3706488** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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.
 SIGNATURE *Cindy Cregger* DATE **4/24/2001**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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 ☐ Delete
 NAME **DIRECTOR**
 STREET ADDRESS **ALCINDA CREGGER**
 CITY-ST-ZIP **SAME AS ABOVE 1,2,3**
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
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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
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 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: *Cindy Cregger* Date **4/24/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)