

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000047658**

1. Entity Name

BUSINESS AND CORPORATE CREATIONS, INC.**FILED****Feb 07, 2001 8:00 am
Secretary of State**

02-07-2001 90182 019 ***150.00

Principal Place of Business

**9070 KIMBERLY BLVD STE 57
BOCA RATON FL 33434**

Mailing Address

**9070 KIMBERLY BLVD STE 57
BOCA RATON FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1007328

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CLENDINING, BARRY G
9070 KIMBERLY BLVD STE 57
BOCA RATON FL 33434****7. Name and Address of New Registered Agent**

Name

m. Kathleen Clendinning

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

9070 Kimberly Blvd. Suite 57

City

Boca Raton

FL

Zip Code

33434

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

m. Kathleen Clendinning / PRESIDENT

DATE

1/16/019. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HOFFMAN, BARRY G	9070 KIMBERLY BLVD STE 57	BOCA RATON FL 33434	<input type="checkbox"/>
D	CLENDING, M. KATHLEEN	9070 KIMBERLY BLVD STE 57	BOCA RATON FL 33434	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CLENDINING, M. Kathleen			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

1/16/01

Daytime Phone #

561 482-2000

CR2E034 (10/00)