## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 14, 2001 08:00 AM DOCUMENT # P0000060633 1. Entity Name **Secretary of State** CREATIONFACTORY, INC. Principal Place of Business Mailing Address 1683 LAKEHURST AVENUE 1683 LAKEHURST AVENUE WINTER PARK FL WINTER PARK FL 32789 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN 1683 LAKEHURST AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL32789 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. 04/14/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition STAPLETON CHRISTOPHER N MAME NAME 4149 WINDERLAKES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME HUGHES CHARLES NAME STREET ADDRESS 2509 SAGINAW TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MOSHELL J. MICHAEL NAME STREET ADDRESS 2060 GOLDWATER CRT. STREET ADDRESS CITY-ST-ZIP MAITLAND 32751 CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition TEICHER STEPHE NAME STREET ADDRESS 1683 LAKEHURST AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/14/2001

Daytime Phone #

Date

SIGNATURE: \_\_Stephen N. Teicher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)