

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073147**1. Entity Name
CREATIVE FOTO GIFTS, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90055 007 ***150.00

| | |
|--|--|
| Principal Place of Business 05509 E. Harbor Dr. Fruitland Park, FL 34731 | Mailing Address 05509 E. Harbor Dr. Fruitland Park, FL 34731 |
|--|--|

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 492722 |
|--------------------------------|--|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Leesburg, FL

4. FEI Number

59-3666534

Applied For

Not Applicable

Zip

Country

Zip
34749-2722Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**Sewell, Stephen G.
907 Webster Street
Leesburg, FL 34748****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| | |
|--|---------------------------------|
| TITLE D,P | <input type="checkbox"/> Delete |
| NAME Thiele, Robert | |
| STREET ADDRESS 05509 E. Harbor Dr. | |
| CITY-ST-ZIP Fruitland Park, FL 34731 | |

| | |
|--|---------------------------------|
| TITLE D,T,S | <input type="checkbox"/> Delete |
| NAME Thiele, Joyce Ann | |
| STREET ADDRESS 05509 E. Harbor Dr. | |
| CITY-ST-ZIP Fruitland Park, FL 34731 | |

| | |
|--|---------------------------------|
| TITLE D,V | <input type="checkbox"/> Delete |
| NAME Thiele, Laura Denise | |
| STREET ADDRESS 05509 E. Harbor Dr. | |
| CITY-ST-ZIP Fruitland Park, FL 34731 | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--|--|
| TITLE T,S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Thiele, Joyce Ann | |
| STREET ADDRESS 05509 E. Harbor Dr. | |
| CITY-ST-ZIP Fruitland Park, FL 34731 | |

| | |
|--|--|
| TITLE V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Thiele, Laura Denise | |
| STREET ADDRESS 05509 E. Harbor Dr. | |
| CITY-ST-ZIP Fruitland Park, FL 34731 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. THIELE

Date

04/18/01 352-360-0454

Daytime Phone #

CR2E034 (11/00)