

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

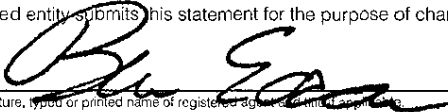
03-01-2001 91343 022 \*\*\*150.00

**DOCUMENT # P00000088630****1. Entity Name**  
**CREATIVE LOAFING ATLANTA, INC.****Principal Place of Business****1310 E 9TH AVENUE**  
**TAMPA FL 33605****Mailing Address****1310 E 9TH AVENUE**  
**TAMPA FL 33605****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****59-3671410****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****F&L CORP.**  
**200 N LAURA STREET THIRD FLOOR**  
**JACKSONVILLE FL 32202****Name****Eason, Benjamin A.****Street Address (P.O. Box Number is Not Acceptable)****1310 E. 9th Ave.****City****Tampa****FL****Zip Code****33605****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****Benjamin A. Eason, CEO** **1/12/01**

Signature, typed or printed name of registered agent, and date of signature.

(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 State****10. Election Campaign Financing**  
**Trust Fund Contribution.** ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>PCEO</b>			
	<b>EASON, BENJAMIN A</b>	<b>1310 E 9TH AVENUE</b>	<b>TAMPA FL 33605</b>	
	<b>D</b>			<input type="checkbox"/> Delete
	<b>EASON, BENJAMIN A</b>	<b>1310 E 9TH AVENUE</b>	<b>TAMPA FL 33605</b>	
	<b>SD</b>			<input type="checkbox"/> Delete
	<b>EASON, TAYLOR</b>	<b>1310 E 9TH AVENUE</b>	<b>TAMPA FL 33605</b>	
	<b>TD</b>			<input type="checkbox"/> Delete
	<b>LAFON, ANGELA</b>	<b>1310 E 9TH AVENUE</b>	<b>TAMPA FL 33605</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>P/D</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>S</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>T</b>			<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

**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:****Angela C. LaFon** **1/12/01** **813-248-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)