03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 19 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097225

1. Entity Name
CREATIVE COMPANIONS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2918 56th PL E. Suite, Apt. #, etc.	2918 56th PL E. Suite, Apt. #, etc.
City & State: BRADENTON	City & State: BRADENTON
Zip: 34203 Country: MANATEE	Zip: 34203 Country: MANATEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 593691037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Carl J. Shankweiler
Street Address (P.O. Box Number is Not Acceptable): 2918 56 PL E
City: BRADENTON FL Zip Code: 34203

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. I am familiar with, and accept the obligations of registered agent.

Change address only-

SIGNATURE Carl J Shankweiler 6-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~January 1 - May 1 Fee is $150.00~~
~~After May 1, Fee is $550.00~~
~~Amended UBR is $61.25~~
~~Make Check Payable to Florida Department of State~~

$150

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO CARL J SHANKWEILER 2918 56th PLACE E. BRADENTON FL 34203	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000021089000 06/23/03--01119--005 **150.00
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl J Shankweiler 6-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JT 6/15

ATTACHMENT

June 9, 2003

To Whom it May Concern,

Due to (family) illness, I have been delayed in submitting the UBR by the due date of May 1. Please accept my apology along with my check #150 and renewal form. My wife did call to discuss this matter with one of your representatives who said this would be satisfactory. Please call me at 941-752-6655 if you have any concerns.

Thank you!

Sincerely,

Carl J. Shankweiler
CEO
Creative Compensation Inc