

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91458 035 ***150.00

DOCUMENT # P00000100463

1. Entity Name

SACRED EARTH CREATIONS, INC.



Principal Place of Business

**837 NW 10TH AVE
DANIA BCH. FL 33004**

Mailing Address

**837 NW 10TH AVE
DANIA BCH. FL 33004**

2. Principal Place of Business

6931 SW 58th Ct.

3. Mailing Address

6931 SW 58th Ct.

Suite, Apt. #, etc.

DAVIE Florida

Suite, Apt. #, etc.

City & State

DAVIE, Florida

City & State

Zip

33314

Country

Broward

Zip

33314

Country

Broward



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1052743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALEY, PATRICIA A
837 NW 10TH AVE
DANIA BCH. FL 33004**

7. Name and Address of New Registered Agent

Name **PATRICIA A. HALEY**

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

6931 SW 58th Ct.

City **DAVIE**

FL

Zip Code

33314

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.

SIGNATURE

Patricia A. Haley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HALEY, PATRICIA A | |
| STREET ADDRESS | 837 NW 10TH AVE | |
| CITY-ST-ZIP | DANIA BCH. FL 33004 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | HALEY, BETTY J | |
| STREET ADDRESS | 814 NW 13TH AVE | |
| CITY-ST-ZIP | DANIA BCH. FL 33004 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, MICHAEL S | |
| STREET ADDRESS | 837 NW 10TH AVE | |
| CITY-ST-ZIP | DANIA BCH. FL 33004 | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia A. Haley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

Date

954 791 3754

Daytime Phone #

CR2E034 (10/02)