

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000041599**

1. Entity Name
CREATIVE CATERING OF JACKSONVILLE, INC.



Principal Place of Business
7185 CRANE AVE
JACKSONVILLE FL 32216

Mailing Address
7185 CRANE AVE
JACKSONVILLE FL 32216

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country** **4. FEI Number** **59-3714499** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IRIONDOWNES, JENIFER M
7217 TYNAN AVE
JACKSONVILLE FL **32216**
32211

Name

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

City

CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

FL **Zip Code** **32211**

3. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

P Delete
IRIONDOWNERS, JENIFER M
7185 CRANE AVE
JACKSONVILLE FL 32216

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP Delete
DOWNES, DAVID Y
7185 CRANE AVE
JACKSONVILLE FL 32216

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME 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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-03

9047240032

Date

Daytime Phone #

2003
150000
14

CR2E034 (10/02)