

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 001 ***150.00

DOCUMENT # PD 1000060673

1. Entity Name

CREATIVE CLIPPINGS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

702 AZALEA AVE

Suite, Apt. #, etc.

3. Mailing Address

702 AZALEA AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE FL

City & State

FT. PIERCE FL

4. FEI Number

650573194

Applied For

Not Applicable

Zip

34982

Country

USA

Zip

34982

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ROBERT KIRK

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

702 AZALEA AVE

City FT. PIERCE

FL

Zip Code 34982

**DO NOT WRITE
IN THIS SPACE**

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.

ROBERT KIRK PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT
NAME ROBERT KIRK
STREET ADDRESS 702 AZALEA AVE
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT
NAME DENNIS C. AURENS
STREET ADDRESS 1015 TRINIDAD AVE
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (56)-201-1149
Date Daytime Phone #

CR2E034B (12/01)