

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 027 ***150.00

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

DOCUMENT # P01000086326			
1. Entity Name CREED INK, INC.			
Principal Place of Business 15 SOUTH ORANGE AVE. ORLANDO, FL 32801		Mailing Address 15 SOUTH ORANGE AVE. ORLANDO, FL 32801	
2. Principal Place of Business 2813 S. HAWAIIAN RD. Suite, Apt. #, etc. SUITE 305 City & State ORLANDO, FL		3. Mailing Address 2813 S. HAWAIIAN RD. Suite, Apt. #, etc. SUITE 305 City & State ORLANDO, FL	
Zip 32835		Country USA	
4. FEI Number 59-3743792		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEELY, ROBERT A ESQ. 216 SOUTH MONROE ST., STE. 600 TALLAHASSEE, FL 32301			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)			
DATE _____			
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			
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 signature and empowerment.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			
Cell _____ Daytime Phone # _____			

11039573



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)