

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90080 030 ***150.00

DOCUMENT # P01000092820

1. Entity Name

B KREATIVE SCRAP BOOKS INC.

Principal Place of Business

2907 SW 21 TERR #26-A1
 DELRAY BEACH FL 33445

Mailing Address

2907 SW 21 TERR #26-A1
 DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2907 SW 21st TERR

3. Mailing Address

2907 SW 21st TERR

Suite, Apt. #, etc.

#26A1

Suite, Apt. #, etc.

#26A1

City & State

DELRAY BEACH, FL

City & State

DELRAY BCH, FL

4. FEI Number

651140541

Applied For

Not Applicable

Zip

33445

Country

FLA

Zip

33445

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKOURAS, BRIAN W

2907 SW 21 TERR #26-A1

DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

KIM M. SKOURAS

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

2907 SW 21st TERR #26A1

DELRAY BCH

City

DELRAY BCH

FL

Zip Code

33445

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]

04/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **SKOURAS, BRIAN W**
 STREET ADDRESS **2907 SW 21 TERR #26-A1**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **KIM M. SKOURAS**
 STREET ADDRESS **2907 SW 21st TERR #26A1**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **BRIAN W. SKOURAS**
 STREET ADDRESS **2907 SW 21st TERR #26A1**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/02

56330-0992

Date

Daytime Phone #

CR2E034 (9/01)