

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90150 028 ***150.00

0637215 AV

DOCUMENT # P01000099904

1. Entity Name

CREATIVE MARKETING INTERNATIONAL, INC.

Principal Place of Business

**2343 GOLD HILL RD.
BROOKSVILLE FL 34609**

Mailing Address

**2343 GOLD HILL RD.
BROOKSVILLE FL 34609**

2. Principal Place of Business

3. Mailing Address

P.O. Box 254

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Groveland FL

Zip

Country

Zip

Country

34736-0254

4. FEI Number

59-3750479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWLON, JONATHAN W
13815 US 98TH BYPASS
DADE CITY FL 33525**

Name

Newlon, Jonathan W

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

31947 Pasco Ave

Dade City

City

FL

Zip Code

33525

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DEXTER, TRACEY**
STREET ADDRESS **2343 GOLD HILL RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **D** ☒ Change ☐ Addition
NAME **Dexter, Tracey**
STREET ADDRESS **18240 Windcrest Ln**
CITY-ST-ZIP **Groveland, FL 34736**

TITLE **D** ☐ Delete
NAME **COUNIHAN, MARK**
STREET ADDRESS **2343 GOLD HILL RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Tracey L. Dexter V.P.** 1/11/02 877-6778733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)