

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90205 018 ***150.00

DOCUMENT # P01000116417

1. Entity Name

CREATIVE STUDIOS, INCORPORATED

Principal Place of Business

**33 E SAN CARLOS AVE
ST AUGUSTINE FL 32084**

Mailing Address

**33 E SAN CARLOS AVE
ST AUGUSTINE FL 32084**

80079883



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

61 San Marco Ave

3. Mailing Address

61 San Marco Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine Florida

City & State

St. Augustine Florida

4. FEI Number

01-0558904

Applied For

Not Applicable

Zip

32084

Country

USA

Zip

32084

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONG, THOMAS R
33 E SAN CARLOS AVE
ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

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

61 San Marco Ave

City

St. Augustine

FL

32084

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

Joan Long, Treasurer

2/6/02

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 **LONG, THOMAS R**
STREET ADDRESS **33 E SAN CARLOS AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **T** ☐ Delete
NAME **LONG, JOAN G**
STREET ADDRESS **33 E SAN CARLOS AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Joan Long, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

904-826-0004

Daytime Phone #

CR2E034 (9/01)