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

## **DOCUMENT#**

1. Entity Name

P02000002884

CUSTOM CREATIONS & DESIGN OF PONTE VEDRA, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90105 027 \*\*\*150.00

Principal Place of Busines	Mailing Ac	Mailing Address									
112 OCEAN'S EDGE DRIVE		PO BOX 13	PO BOX 1732				*	* *,			
PONTE VEDRA BEACH FL 3		PONTE VEDRA BEACH FL 32004				•					
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Suite, Apt. #, etc.	Suite. Ar	Suite, Apt. #, etc.				1					
, ,	' '					☐ CHECK HERE IF MAKING CHANGES					
City & State	City & St	City & State			4	FEI Number		Appli	ed For	7	
		','					01-0579020	ļ-		pplicable	1
Zip Country		Zip	Zip Cou		'v		0 00 1 00 0	\$9.75	\$8.75 Additional		
2.5		2.5	2,0			5. Certificate of Status Desired Fee Required				ł	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
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CLARK, ROSS T	į	<u>;</u>			Street Address (P.O. Box Number is Not Acceptable)						
1558 SAN MARCO BI		, ,								4	
JACKSONVILLE FL 32											
	. •	•			. <b>E</b> Zip Code					-	
	~	>				· <b>FL</b> Zip Code					
8. The above named entit	y submits this statemen	t for the purpose	of changing its r	registere	d office or reg	jistered .	agent, or both, in the State of Florida.	I am familiar	with, and	daccept	1
the obligations of regist	tered agent.										
		28 A.	•								
SIGNATURE	or printed name of registered ag	pent and title if applicable	. (NOTE:	: Registered	Agent signature re	cuired whe	n reinstating)	DATE			
	•		. (******				, , , , , , , , , , , , , , , , , , ,				┥
FILE NOW!		4 · · · · · · · · · · · · · · · · · · ·				9. Election Campaign Financi	na 🗣	5.00	May Ro	}	
After May 1, 2003 Fee will be \$550.00										ded to Fees	
Make Check Payable to	o Florida Departmen	t of State									
10.	OFFICERS A	CERS AND DIFECTORS		11.	11.		ADDITIONS/CHANGES TO OFFICERS AT		ID DIRECTORS IN 11		Ī.
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	PONTE VEDRA BEACH FL 32004										1602
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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 the 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 reoptired 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 all other like empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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