

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90541 018 ***150.00

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DOCUMENT # P02000043987



1. Entity Name
CLOUD 9 CREATIONS, INC.

Principal Place of Business
21 N. EUSTIS STREET
EUSTIS FL 32726

Mailing Address
21 N. EUSTIS STREET
EUSTIS FL 32726

2. Principal Place of Business
1616 Orange Dr.
Suite, Apt. #, etc.

3. Mailing Address
1616 Orange Dr.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State *Fl. Eustis* City & State *Fl. Eustis* 4. FEI Number *61-141-1779* Applied For
Not Applicable

Zip *32726* Country *Fla* Zip *32726* Country *Fla* 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEPRIMA, WENDY
21 N. EUSTIS STREET
EUSTIS FL 32726

7. Name and Address of New Registered Agent
Name *Same as Box 41*
Street Address (P.O. Box Number is Not Acceptable)
1616 Orange Dr.
City *Eustis, Fl.* FL Zip Code *32726*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPRIMA, WENDY 21 N. EUSTIS STREET EUSTIS FL 32726	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>owner-director</i> WENDY DEPRIMA 1616-ORANGE DR. EUSTIS, FLA. 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Wendy DePrima* **REQUIRE** *Wendy DePrima* 4-8-03 357-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)