

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90137 002 ***150.00

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1. Entity Name

CREATIVE CONCEPTS & UNIFORMS, INC.



Principal Place of Business

**10029 176TH LN N
JUPITER FL 33478**

Mailing Address

**10029 176TH LN N
JUPITER FL 33478**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

10029 176TH LN N

Suite, Apt. #, etc.

3. Mailing Address

10029 176TH LN N

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33478

Country

PALM BEACH

Zip

33478

Country

PALM BEACH

4. FEI Number

04-3688985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.

218 SOUTHERN COUNTRY LN

QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

A1A REGISTERED AGENT INC

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

25 S.E. 2ND AVENUE SUITE 1036

City

MIAMI

FL

Zip Code

33131

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

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

PAUL SMITH, VICE PRESIDENT

03-06-03

(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

TITLE **DP** ☐ Delete
NAME **FLEMING, JOSEPH**
STREET ADDRESS **10029 176TH LN N**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **ST** ☐ Delete
NAME **FLEMING, REGINA**
STREET ADDRESS **10029 176TH LN N**
CITY-ST-ZIP **JUPITER FL 33478**

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

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

JOSEPH FLEMING

2/17/03

561-308-7249

Date

Daytime Phone #

CR2E034 (10/02)