

**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

**DOCUMENT # P02000063356**

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**



2. Principal Place of Business  
**10029 176TH LN N**

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**

CHECK HERE IF MAKING CHANGES

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 Paul Smith **PAUL SMITH, VICE PRESIDENT** DATE **03-06-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FLEMING, JOSEPH 10029 176TH LN N JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FLEMING, REGINA 10029 176TH LN N JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE: Joseph Fleming **JOSEPH FLEMING** DATE **2/17/03** 561-308-7249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)