

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-11-2003 90098 040 ***150.00

0136222 AT

DOCUMENT # P02000069390

1. Entity Name

CREATIVE EDGE CATERING SERVICES, INC.



Principal Place of Business

**5337 N. SCRUM LOOP RD., #167
LAKELAND FL 33809**

Mailing Address

**5337 N. SCRUM LOOP RD., #167
LAKELAND FL 33809**

2. Principal Place of Business

3131 FLIGHTLINE Dr.

Suite, Apt. #, etc.

SUITE 201

City & State

Lakeland, FL

Zip

33811

Country

USA

3. Mailing Address

3131 FLIGHTLINE Dr.

Suite, Apt. #, etc.

SUITE 201

City & State

Lakeland, FL

Zip

33811

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0570719

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHAEFER, LISA L

5337 N. SCRUM LOOP RD., #167

LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name **LISA L Schaefer**

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

3131 FLIGHTLINE DR.

SUITE 201

City

Lakeland

FL

Zip Code

33811

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

Lisa L Schaefer

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

(NOTE: Registered Agent signature required when reinstating)

9/9/2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	PD	<input type="checkbox"/> Delete
NAME	SCHAEFER, LISA L	
STREET ADDRESS	5337 N. SCRUM LOOP RD., #167	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAEFER, PATRICK R	
STREET ADDRESS	5337 N. SCRUM LOOP RD., #167	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, TRACI	
STREET ADDRESS	1880 N. CRYSTAL LAKE DR., #55	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, LISA L	
STREET ADDRESS	3131 FLIGHTLINE DR, SUITE 201	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, PATRICK R.	
STREET ADDRESS	3131 FLIGHTLINE DR, SUITE 201	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE

Lisa L Schaefer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80147359
#P02000069390

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please review the late fee filing for this corporation. The first form was never received.
There was a problem with the address.

Thank you

Lisa Schaefer
lisa@creativeedgecatering.com
863-644-4821