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

Mailing Address

436 MADDOCK ST

## P02000070668 **DOCUMENT #**

1. Entity Name

436 MADDOCK ST

ON TARGET DESIGNS INC.

Principal Place of Business



**FILED** Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90089 038 \*\*\*158.75

Sules, Apt. 4, etc.    City & State   City & City & City & State   City & City & State   City & City & State   City & State   City & State   City & City	W PALM BCH FL 33405				W PALM BCH FL 33405								
City & State  Country	2. Principal Place of Business			3. M	3. Mailing Address				.			<b>88</b> 711 1 <b>88</b> 17 <b>88</b> 14 <b>8</b> 141	
Zip Country Zip Country S. Certificate of Status Desired S. Set Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required  6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required  CORPORATE CREATIONS NETWORK INC.  941 FOURTH ST  MAMI BCH FL 33139  City FL Zip Code  City FL	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  CORPORATE CREATIONS NETWORK INC. 941 FOURTH ST MIAMB BCH FL 33139  City  City  FL  City  FL  Zip Code  6. "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. It am familiar with, and accept the obligations of registered agent.  6. "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. It am familiar with, and accept the obligations of registered agent.  6. "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. It am familiar with, and accept the obligations of registered agent.  6. "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. It am familiar with, and accept the obligations of registered agent.  6. "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. It am familiar with, and accept the obligation of registered agent.  6. "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. It am familiar with, and accept the obligation of registered agent.  6. "The above named entity submits with, and accept the obligation of registered agent.  6. "The above named entity submits with, and accept the obligation of registered agent.  7. Name end Address (P.O. Box Number is Not Acceptable)  7. Legiction Campaign Financing  8. S.00 May Be Address of Florida Department of State  9. Election Campaign Financing  9. Address of Florida Departmen	City & State				City & State								
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CORPORATE CREATIONS NETWORK INC. 94 I FOURTH ST MIAMI BCH FL 33139  City  City  FL  Zip Code  At 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.  BCRNATURE  Spreadow hybrid or prince trace of registered agent and tith 1 agestocible  NOTE Registered Agent signature requires when invasible)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Plorida Department of State  10.		6. Name	and Address o	f Current Registe	red Agent				7. Nam	e and Address of	New Regist	ered Agent	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)													
City FL Zip Code  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.  ### Addition of the Code of Payable to Florida Department of the Payable to Florida Department of State    OFFICERS AND DIRECTORS						İ	Street Address (P.O. Box Number is Not Acceptable)						
8.**The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### Agent signature required when re-assaring.  ### FILE NOW!!! FEE IS \$150.00  ### May 1, 2003 Fee will be \$550.00  ### Addition  ### May 1, 2003 Fee will be \$550.00  ### Addition  ### May 1, 2003 Fee will be \$550.00  ### Addition  ### May 1, 2003 Fee will be \$550.00  ### Addition  ### May 1, 2003 Fee will be \$550.00  ### Addition  #	MIAMI BCH FL 33139						·						
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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: