

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90334 024 \*\*\*150.00

**DOCUMENT # P02000074421**

1. Entity Name  
**CREATIVE PUBLICATIONS, INC.**



Principal Place of Business  
**27130 HOLLYBROOK TRAIL  
WESLEY CHAPEL FL 33543**

Mailing Address  
**27130 HOLLYBROOK TRAIL  
WESLEY CHAPEL FL 33543**



2. Principal Place of Business

3. Mailing Address

**PO Box 7536**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Wesley Chapel, FL 33548**

City & State

City & State

4. FEI Number

**02-0633381**

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

**33543**

**FL USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOHERTY, SHAWN S  
27130 HOLLYBROOK TRAIL  
WESLEY CHAPEL FL 33543**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/13/03**

**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	<b>D</b> <b>DOHERTY, SHAWN S</b> <b>27130 HOLLYBROOK TRAIL</b> <b>WESLEY CHAPEL FL 33543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOHERTY, LINDA M</b> <b>27130 HOLLYBROOK TRAIL</b> <b>WESLEY CHAPEL FL 33543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

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 empowered.

**SIGNATURE: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/03**

Date

**(813) 907-6797**

Daytime Phone #

CR2E034 (10/02)