

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-10-2003 90050 002 \*\*\*150.00  
FILED P02000086199

DOCUMENT # P02000086199

1. Entity Name  
CREATIVE INFLATABLES CO.



03 SEP 18 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
248 CLEARWATER DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address  
248 CLEARWATER DRIVE  
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEK, DAVID H  
1301 RIVERPLACE BLVD STE 1609  
JACKSONVILLE FL 32207

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0  
SPENCER, FREDERICK J  
248 CLEARWATER DRIVE  
PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/03

904 273 5580

4960

CR2E034 (4/03)

Attachment

Creative Inflatables  
248 Clearwater Drive  
Ponte Vedra Beach, FL 32082

80146699  
#P0200086199

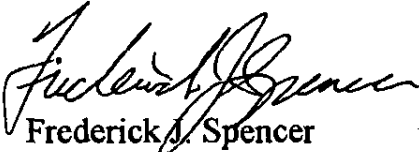
September 8, 2003

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

Dear Sir or Madam:

This is the first notification I received for filing a Uniform Business Report for Creative Inflatables with the State of Florida. Please waive the late fee. I have submitted the original \$150 filing fee. Thank you for your consideration in this matter.

Sincerely,

  
Frederick J. Spencer  
President  
Creative Inflatables