

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

2003

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91520 033 \*\*\*150.00

DOCUMENT # P02000089419

1. Entity Name

KREATIONS BY KRISTY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9100 9th Street NORTH

Suite, Apt. #, etc.

#801

City & State  
ST. PETERSBURG, FL

Zip  
33702

Country  
USA

3. Mailing Address

9100 9th Street NORTH

Suite, Apt. #, etc.

#801

City & State  
ST. PETERSBURG, FL

Zip  
33702

Country  
USA

4. FEI Number  
56-2286724

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
KRISTI BUTELLI

Street Address (P.O. Box Number is Not Acceptable)  
9100 9TH STREET NORTH #801

City  
ST. PETERSBURG FL Zip Code  
33702

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 *Kristi Butelli*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-03  
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT KRISTI BUTELLI 9100 9TH STREET N. ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristi Butelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03  
Date

941-447-7776  
Daytime Phone #

CR2E034B (12/02)