

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 011 ***150.00

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

DOCUMENT # P02000098183

1. Entity Name

THE TUBE CREATIONS INC

90097290

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5286 GANTT ROAD

Suite, Apt. #, etc.

3. Mailing Address

5286 GANTT ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

54-2089482

☒ Applied For

☐ Not Applicable

Zip

34233

Country

SARASOTA

Zip

34233

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GORDON GRIEF

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

5286 GANTT ROAD

City

SARASOTA

FL

Zip Code

34233

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	GORDON GRIEF
STREET ADDRESS	5286 GANTT RD
CITY- ST- ZIP	SARASOTA FL 34233
TITLE	
NAME	
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CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 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

CR2E034B (12/01)