

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-12-2003 90175 001 \*\*\*\*\*8.75  
09-12-2003 90175 002 \*\*\*550.00

011915 AV

**DOCUMENT #** P02000099037

**1. Entity Name**  
ECLECTIC CREATIONS, INC.



**Principal Place of Business**  
1417 SE FT KING ST  
OCALA FL 34471

**Mailing Address**  
1417 SE FT KING ST  
OCALA FL 34471

55056528



**2. Principal Place of Business**  
1417 S.E. FT. KING ST.  
Suite, Apt. #, etc.

**3. Mailing Address**  
1417 S.E. FT. KING ST.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
OCALA, FL

**City & State**  
OCALA, FL

**Zip** 34471 **Country** U.S.A.

**Zip** 34471 **Country** U.S.A.

**4. FEI Number**  
52-2379019

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
BOOZER, JOHN D  
1417 SE FT KING ST  
OCALA FL 34471

**7. Name and Address of New Registered Agent**  
**Name** JOHN D. BOOZER  
**Street Address (P.O. Box Number is Not Acceptable)** 1417 S.E. FT. KING ST.  
**City** Ocala **FL** **Zip Code** 34471

**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** *John D. Boozer* **JOHN D. BOOZER** **9-10-03**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PRES.	<b>NAME</b> JOHN D. BOOZER	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1417 S.E. FT. KING ST.	<b>CITY-ST-ZIP</b> OCALA, FL 34471	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> V. PRES.	<b>NAME</b> SHANNON L. SMITH	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1417 S.E. FT. KING ST.	<b>CITY-ST-ZIP</b> OCALA, FL 34471	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> Secty./TREAS.	<b>NAME</b> CAROLYN B. BOOZER	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1417 S.E. FT. KING ST.	<b>CITY-ST-ZIP</b> OCALA, FL 34471	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<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:** *John D. Boozer* **JOHN D. BOOZER** **9/10/03** **352-840-0324**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)