

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90146 013 ***150.00

DOCUMENT # P02000110243

1. Entity Name
CREATIVE PUBLISHING CORPORATION



Principal Place of Business
**2104 N.E. VAN LOON TERRACE
CAPE CORAL, FL 33909**

Mailing Address
**2104 N.E. VAN LOON TERRACE
CAPE CORAL, FL 33909**

70028337

2. Principal Place of Business

**1156 Hancock Creek S. Blvd
Suite, Apt. #, etc.
308**

3. Mailing Address

**1156 Hancock Creek S. Blvd.
Suite, Apt. #, etc.
308**



☐ CHECK HERE IF MAKING CHANGES

City & State

North Fort Myers

City & State

North Fort Myers

4. FEI Number

14-1869569

Applied For

Not Applicable

Zip

33903

Country

Lee

Zip

33903

Country

Lee

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, RUBIN D SR.
2104 N.E. VAN LOON TERRACE
CAPE CORAL, FL 33909**

7. Name and Address of New Registered Agent

Name

Rocio Cuellar

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

**1156 Hancock
Creek South Blvd # 308**

North Fort Myers

FL

Zip Code

33903

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]

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

(NOTE: Registered Agent signature required when reinstating)

03/10/03

DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	SALAZAR, RUBEN D SR.	2104 N.E. VAN LOON TERRACE	<input checked="" type="checkbox"/>
		CAPE CORAL, FL 33909		
	D	SALAZAR, ROCIO C	2104 N.E. VAN LOON TERRACE	<input type="checkbox"/>
		CAPE CORAL, FL 33909		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	Rocio Cuellar	1156 Hancock Creek South Blvd #308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		North Fort Myers, FL 33903			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

03/10/03

Date

Daytime Phone #

239/7722942
239/2180780

CR2E034 (10/02)