

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90290 011 \*\*\*150.00

0469471 AV

DOCUMENT # **P02000122690**

1. Entity Name  
**CREATIVE THOUGHT PUBLICATIONS, INC.**



Principal Place of Business  
**16207 SAWGRASS CIR  
TAMPA FL 33624**

Mailing Address  
**16207 SAWGRASS CIR  
TAMPA FL 33624**



2. Principal Place of Business  
**8218 Riverboat Dr.**

3. Mailing Address  
**8218 Riverboat Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number  
**57-1138459**

Applied For  
Not Applicable

Zip **33637** Country **USA**

Zip **33637** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4 FLR  
MIAMI FL 33145**

Name **ROBIN L. KURTZMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**8218 Riverboat Drive**  
**Tampa, FL 33637**  
City **Tampa, FL** Zip **33637**

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.

**4/28/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT SPIVAK, DAVID S 16207 SAWGRASS CIR TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS KURTZMAN, ROBIN L 16207 SAWGRASS CIR TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *[Signature]* **ROBIN L. KURTZMAN, Vice Pres.** **4/28/03** **905-6658**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)