

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

FILED
May 06, 2004 8:00 am
Secretary of State

04-19-2004 90357 007 ***150.00

DOCUMENT # PO3000099896

1. Entity Name

Creative Writing Strategies, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8930 State Road

3. Mailing Address

Suite, Apt. #, etc.
299

Suite, Apt. #, etc.

City & State
Davie, FL

City & State

Zip
33324

Country
USA

Zip

Country

4. FEI Number
14-1901739

Applied For
Not Applicable

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jeffery R. Eisensmith, P.A.

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

One Financial Plaza
Suite 1600

City
Ft. Lauderdale

FL

Zip Code
33394

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sandra Jackson 8217 NW 15th Court Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Charlotte Orton 1112 NW 79th Drive Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Frances D. Vogt-Strauss 9380 Oak Grove Circle Davie, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: Frances Vogt-Strauss, Sec/Tres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20346 (12/02)

954-336-0985

Frances Vogt-Strauss 4/15/04