**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 06, 2002 8:00 am P93000011438 DOCUMENT # **Secretary of State** 1. Entity Name 02-06-2002 90005 002 \*\*\*150.00 INVENTIVE CREATIONS, INC. Principal Place of Business Mailing Address 49 WOODHAVEN CIRCLE 49 WOODHAVEN CIRCLE ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3226629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOWERBY, PRISCILLA K Street Address (P.O. Box Number is Not Acceptable) 49 WOODHAVEN CIRCLE ORMOND BEACH FL 32176 City Zip Code FL 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. \*#GNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD ☐ Addition CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change NAME SOWERBY, PRISCILLA K NAME 49 WOODHAVEN CIRCLE STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32176** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if

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

K. Sowerby 01-19-02 (386)441-9218