

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031877

1. Entity Name

RUSS KRAMER CREATIVE, INC.

Principal Place of Business

4224 GOLF CLUB LN.
TAMPA FL 33624
US

Mailing Address

4224 GOLF CLUB LN.
TAMPA FL 33606-1464
US

2. Principal Place of Business

4950 BAYSHORE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

33611 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3178778

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

KRAMER, RUSSELL W
4224 GOLF CLUB LN.
TAMPA FL 33624

7. Name and Address of Next Registered Agent

KRAMER, RUSSELL W
Street Address (P.O. Box Number is Not Acceptable)

4950 BAYSHORE BLVD #9

City TAMPA

FL

Zip Code 33611

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

RUSS KRAMER

4.28.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, RUSSELL W	
STREET ADDRESS	4224 GOLF CLUB LN.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, RUSSELL W	
STREET ADDRESS	4950 BAYSHORE BLVD #9	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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

4.28.00

813-805-9636

Date

Daytime Phone #

CR2E034 (9/99)