

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90422 032 ***150.00

DOCUMENT # P93000068233

1. Entity Name
CREATIONS UNLIMITED BY CONNORS, INC.

Principal Place of Business
2840 NW BOCA RATON BLVD
STE 303
BOCA RATON FL 33431
US

Mailing Address
2840 NW BOCA RATON BLVD
STE 303
BOCA RATON FL 33431
US

2. Principal Place of Business
134 NW 11TH ST.
Suite, Apt. #, etc.

3. Mailing Address
134 NW 11TH ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON
Zip
33432
Country
USA

City & State
BOCA RATON
Zip
33432
Country
USA

4. FEI Number **65-0442775**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONNORS, VINCENT
2840 NW BOCA RATON BLVD
STE 303
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **CONNORS, VINCENT**
Street Address (P.O. Box Number is Not Acceptable) **134 NW 11TH ST.**
City **BOCA RATON** **FL** **Zip Code** **33432**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONNORS, VINCENT	
STREET ADDRESS	2840 NW BOCA RATON BLVD STE 303	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, VINCENT	
STREET ADDRESS	134 NW 11TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33432	
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: Richard Connors **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02
Date

561-362-8833
Daytime Phone #

CR2E034 (9/01)