

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0337251

DOCUMENT # P93000084712

04-03-2001 90077 046 ***150.00

1. Entity Name
LEXIE'S CREATIVE CONCEPTS, INC.

| | |
|--|--|
| Principal Place of Business 10404 KANKAKEE LANE RIVERVIEW FL 33569 US | Mailing Address 10404 KANKAKEE LANE RIVERVIEW FL 33569 US |
|--|--|

A 0041005



DO NOT WRITE IN THIS SPACE

| | |
|--|------------------------------------|
| 2. Principal Place of Business <i>Suite</i> | 3. Mailing Address <i>Suite</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

4. FEI Number **59-3221979** Applied For
 Not Applicable

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

6. Name and Address of Current Registered Agent
SEIFTER, FRED
1236 ASKEW DR
BRANDON FL 33511

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | HAGMAN, LEXIE | |
| STREET ADDRESS | 10404 KANKAKEE LANE | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BUTLER, RALPH E. | |
| STREET ADDRESS | 6350 49 AVE. NORTH | |
| CITY-ST-ZIP | ST.PETERSBURG FL | |
| 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 | | <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: *Lexie Hagman, Owner* **LEXIE HAGMAN** 8-30-2001 813 672-2429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)