2002 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT #   P94000036263

1. Entity Name
CREATIVE EDGE ADVERTISING INC

Principal Place of Business	Mailing Address
3169 CARIBB WAY LANTANA FL 33462	1100 S FEDERAL HWY SUITE 4 BOYNTON BEACH FL 33435 US

2. Principal Place of Business
319 CLEMATIS ST
Suite, Apt. #, etc.
STE-703
City & State
WEST PALM BEACH
Zip 33401   Country USA

3. Mailing Address
319 CLEMATIS ST
Suite, Apt. #, etc.
SUITE 703
City & State
WEST PALM BEACH
Zip 33401   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0486588   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTIANSON, CHRISTINE 3169 CARIBB WAY LANTANA FL 33462	Name CHRISTINE L. BOYD 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: CHRISTIANSON, CHRISTINE STREET ADDRESS: 3169 CARIBB WAY CITY-ST-ZIP: LANTANA FL 33462	☐ Delete	TITLE: CHRISTINE L. BOYD NAME: PRESIDENT STREET ADDRESS: 3169 CARIBB WAY CITY-ST-ZIP: LANTANA, FL 33462	☒ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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CR2E034 (9/01)

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
Date 3-25-02   Daytime Phone # 561-835-0009