UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400094405

Creative Investments Trust, Inc.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90041 009 ***150.00

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	lace of Business	3. Mailing Address		· .		
366 N. Dradesay 366 N. Dra Suite, Apt. #, etc. Suite, Apt. #, etc.			agaigay.	` 	DO NOT WRITE IN THIS SPACE	
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Zip \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Country Zip			5. Certificate of Status Desired S8.75 Additions Fee Required		
			<u>U.S.</u>	7. Na	me and Address of Current Registered	d Agent
G.			Name	201-04	th Wapp	
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		•	City	14.0	FL	Zip Code
R The above	named entity submits this statement for	the ourgose of changing its re	eaistered office or re	egistered ag	ent, or both, in the State of Florida. I am f	1041011611
	ions of registered agent.					-
	(D) 1 7h 0-	12 1 13 0	abaa	D	nella trabi	Som?
SIGNATURE .	Signature, typed or printed name of vegistered agent a	nd title if applicable. (NOTE:	Registered Agent signature	redw beriuper	instating) DATE	lacon
Jar	nuary 1 - May 1 Fee is \$150.00					A= 00
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			•	.9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department of	State			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10.	OFFICERS AND I	DIRECTORS		· · ·		
TITLE	President .		TITLE		·	
NAME	36° V. OLOGGMAN.	NI - 1110	NAME STREET ADDRESS		,	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	Clerciteth Raso	Elizabeth	Noon	01/30120	68 (163) ECX	7-607
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING			Date	Daytime Phone #	