

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90098 031 ***150.00

DOCUMENT # P95000008751

1. Entity Name

CREIGHTON ENTERPRISES, INC.



Principal Place of Business

1177 PARK AVENUE
SUITE 5
ORANGE PARK FL 32073
US

Mailing Address

1177 PARK AVENUE
SUITE 5
ORANGE PARK FL 32073
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3296098

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

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVENUE

SUITE 3000

MIAMI FL 33131-3209

Name

Vanessa A. Voutour

Street Address (P.O. Box Number is Not Acceptable)

2305 OLD Ferry Rd

City

Green Cove Springs

FL

Zip Code
32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Vanessa A. Voutour

Vanessa A. Voutour President

1-15-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSPT
VOUTOUR, VANESSA
2305 OLD PERRY RD.
GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/owner
Voutour, Vanessa
2305 Old Ferry Rd
Green Cove Springs FL 32043 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vanessa A. Voutour

2-18-03

904-278-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)