

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012302

1. Entity Name  
ANOTHER SILK KREATION, INC.

Principal Place of Business  
335 ALEATHA DRIVE  
DAYTONA BEACH FL 32114

Mailing Address  
335 ALEATHA DRIVE  
DAYTONA BEACH FL 32114

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

Zip      Country

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90241 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3462866**      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JONES, LARRY  
335 ALEATHA DRIVE  
DAYTONA BEACH FL 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This poration 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

TITLE      D  
NAME      JONES, LARRY  
STREET ADDRESS      335 ALEATHA DRIVE  
CITY-ST-ZIP      DAYTONA BEACH FL 32114

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       Change       Addition  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Delete  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Delete  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Delete  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

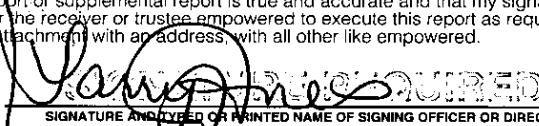
TITLE       Delete  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Delete  
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

TITLE       Change       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:   
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02      386 257-9664  
Daytime Phone #

CR2E034 (9/01)