

FILED
May 30, 2002 8:00 am
Secretary of State
05-15-2002 90029 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091886

1. Entity Name
CREATIVE CONSUMER CONSULTANTS, INCORPORATED

Principal Place of Business Mailing Address
9436 SEMINOLE BLVD 9436 SEMINOLE BLVD
SEMINOLE FL 33772 SEMINOLE FL 33772

90286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3383389**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REED, M. KATHLEEN
11291 90TH TERR. N.
LARGO FL 33772

7. Name and Address of New Registered Agent
Name **Michael L. WOFFORD**
Street Address (P.O. Box Number is Not Acceptable)
11291 - 90TH TERR. N.
City **Seminole** **FL** Zip Code **33772**

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 resigning) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wofford <input type="checkbox"/> Delete REED, KATHLEEN 11291 90TH TERR. N. SEMINOLE FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael L. WOFFORD 11291 - 90TH TERR. N SEMINOLE, FL. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wofford Kathleen 11291 90th TERR N SEMINOLE FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, typed or printed name of signing officer or director

4-27-02 **727 398-5551**
Date Daytime Phone #

CR2E034 (9/01)