

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001521

1. Entity Name

COMET CREATIVE, INC.

Principal Place of Business

100 AVE. A, STE. 2C
FT. PIERCE FL 34950

Mailing Address

100 AVE. A, STE. 2C
FT. PIERCE FL 34950-4426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0626901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS-MCLAUGHLIN, DORIS
100 AVE. A, STE. 2C
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

BLAIR, DORIS

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

100 Ave A

Suite 2-C

City

FL Pierce

FL

Zip Code

34950

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

Doris Blair, President

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

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BURNS-MCLAUGHLIN, DORIS	
STREET ADDRESS	100 AVE. A, STE. 2C	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, WILLIAM O	
STREET ADDRESS	100 AVE A 2C	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blair, Doris	
STREET ADDRESS	100 Ave A Ste 2C	
CITY-ST-ZIP	FL Pierce, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Doris Blair DORIS BLAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

561-4654654

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90158 027 ***150.00



DO NOT WRITE IN THIS SPACE