

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 020 ***150.00

DOCUMENT # P96000030456

1. Entity Name
CREATIVE ACCESS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 KENNESAW ST.

Suite, Apt. #, etc.

3. Mailing Address

3100 KENNESAW ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT MYERS, FL.

4. FEI Number

05-0657815

Applied For

Not Applicable

Zip

33916

Country

USA

Zip

33916

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN T. SHERWOOD

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

3100 KENNESAW ST.

City

FORT MYERS

FL

Zip Code

33916

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 corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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 John P. Sherwood 3608 54th Place CAPE CORAL, FL. 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARK MAZZELLA 924 SE 15th St CAPE CORAL, FL. 33990
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)