

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045231

1. Entity Name

DIGITAL CREATIONS, INC.

Principal Place of Business

1505 NW 16TH AVE.  
GAINESVILLE FL 32605-4036

Mailing Address

1505 NW 16TH AVE.  
GAINESVILLE FL 32605-4036

2. Principal Place of Business

2602 NW 6th St

3. Mailing Address

2602 NW 6th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32609-2944

Country

USA

Zip

32609-2944

Country

USA

4. FEI Number

59-3386597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOBB, STEVEN M  
9504 SW 75TH WAY  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

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

*Steven M. Kobb*

Steven M. Kobb, President

1/20/00

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)

☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PSTD  
NAME KOBB, STEVEN M  
STREET ADDRESS 9504 SW 75TH WAY  
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Delete

TITLE ST  
NAME KOBB, STEVEN  
STREET ADDRESS 9504 SW 75TH WAY  
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

*Steven M. Kobb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

Daytime Phone #

352-335-7001

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE

FILED

Jul 24, 2000 8:00 am  
Secretary of State

07-24-2000 90016 016 \*\*\*550.00