

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90268 018 \*\*\*158.75

DOCUMENT # P96000054969

1. Entity Name  
CREATIVE FUTURES INTERNATIONAL, INC.



Principal Place of Business  
392 BANYAN STREET  
SEBASTIAN FL 32958

Mailing Address  
PO BOX 780389  
SEBASTIAN FL 32978-0389

2. Principal Place of Business  
709 Washington St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SEBASTIAN

City & State

4. FEI Number 65-0681441

Applied For  
Not Applicable

Zip  
32958

Country INDIAN RIVER

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBOEUF, WAYNE D

2500 SE 7 PL

HOMESTEAD FL 33033

392 BANYAN ST  
SEBASTIAN, FL  
32958

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wayne D. Leboeuf*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCM  
NAME LEBOEUF, WAYNE D  
STREET ADDRESS 2500 SE 7 PL  
CITY-ST-ZIP HOMESTEAD FL 33033  
392 BANYAN ST  
SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP  
NAME LEBOEUF, JULIA A  
STREET ADDRESS 2500 SE 7 PL  
CITY-ST-ZIP HOMESTEAD FL 33033  
392 BANYAN ST  
SEBASTIAN, FL 32958

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne D. Leboeuf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WAYNE D. LEBOEUF  
4-24-03 3885661

CR2E034 (10/02)