

2000 UNIFORM BUSINESS REPORT (UBR)

0115662

DOCUMENT # P96000072745

1. Entity Name

CREATION'S OWN CORP.

FILED

00 FEB 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

730 EMERSON DR. NE
PALM BAY FL 32907

730 EMERSON DR. NE
PALM BAY FL 32907-1430

2. Principal Place of Business

3. Mailing Address

1663 Georgia St. NE

Suite, Apt. #, etc.

700

City & State
Palm Bay, FL.

Zip
32907

Country
Brevard

City & State

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3362715

Applied For

Not Applicable

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

BRADSTREET, JAMES J
730 EMERSON DR. NE
PALM BAY FL 32907

Name

James Jeff Bradstreet

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

1663 Georgia St. NE

City

Palm Bay

FL

Zip Code

32907

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRADSTREET, JAMES J	
STREET ADDRESS	2520 ROCKY PT. RD.	
CITY-ST-ZIP	MALABAR FL 32950	Address Change
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRADSTREET, LORI D	
STREET ADDRESS	2520 ROCKY PT. RD.	
CITY-ST-ZIP	MALABAR FL 32950	Address Change
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRADSTREET, CANDICE	
STREET ADDRESS	45602 BECK LAKE TRAIL	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADSTREET, THOM	
STREET ADDRESS	45602 BECK LAKE TRAIL	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Bradstreet, James J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	643 Hurst Road NE	
STREET ADDRESS	Palm Bay, FL. 32907	
CITY-ST-ZIP		
TITLE	Bradstreet, Lori D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	643 Hurst Road NE	
STREET ADDRESS	Palm Bay, FL. 32907	
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:

THOMAS BRADSTREET
Director

Date

2/9/00

Daytime Phone #

407
913-0279

CR2E034 (9/99)