

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90730 006 \*\*\*150.00

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**DOCUMENT # P96000072745**

1. Entity Name  
**CREATION'S OWN CORP.**



Principal Place of Business  
**1663 GEORGIA ST. NE  
#700  
PALM BAY FL 32907**

Mailing Address  
**1663 GEORGIA ST. NE  
#700  
PALM BAY FL 32907**

2. Principal Place of Business  
**1688 W Hibiscus Blvd.**

3. Mailing Address  
**1688 W Hibiscus Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Melbourne, FL 32901**

City & State  
**Melbourne, FL 32901**

4. FEI Number  
**59-3362715**

Applied For  
Not Applicable

Zip  
**32901**

Country  
**USA**

Zip  
**32901**

Country  
**USA**

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  
1663 GEORGIA ST. NE  
PALM BAY FL 32907**

Name  
**James J Bradstreet**

Street Address (P.O. Box Number is Not Acceptable)  
**1688 W Hibiscus Blvd.**

City **Melbourne** **FL** Zip Code **32901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BRADSTREET, JAMES J  
643 HURST ROAD NE  
PALM BAY FL 32907** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BRADSTREET, LORI D  
643 HURST ROAD SE  
PALM BAY FL 32907** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 the one 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James J. Bradstreet**

Date

Daytime Phone #

**4-9-03**

**953-0278**

CR2E034 (10/02)