

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90075 031 ***150.00

DOCUMENT # P96000076614

1. Entity Name
CREATIONS OF NAPLES, INC.

Principal Place of Business

5151 HOCHIN ST
NAPLES FL 34109
US

Mailing Address

5701 WAXMYRTLE WAY
NAPLES FL 34109
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0692094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JENKINS, SCOTT
5701 WAXMYRTLE WAY
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

6511 Sable Ridge Ln
Naples FL 34109

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

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, 2002 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

TITLE **DP** ☐ Delete
NAME **JENKINS, SCOTT**
STREET ADDRESS **5701 WAXMYRTLE WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **DST** ☐ Delete
NAME **JENKINS, PAMELA**
STREET ADDRESS **5701 WAXMYRTLE WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **JENKINS, SCOTT**
STREET ADDRESS **6511 Sable Ridge Ln.**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **DST** ☒ Change ☐ Addition
NAME **JENKINS, PAMELA**
STREET ADDRESS **6511 Sable Ridge Ln.**
CITY-ST-ZIP **Naples, FL 34109**

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

9415929244

Daytime Phone #

CR2E034 (9/01)