

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016447

1. Entity Name  
CREATIVE MARITIME CONSULTANTS, INC.

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**  
04-07-2001 90022 033 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1433 BRIDGEBROOK DRIVE~~  
~~CASSELBERRY FL 32707~~

~~1433 BRIDGEBROOK DRIVE~~  
~~CASSELBERRY FL 32707~~

2. Principal Place of Business

3. Mailing Address

555 JEFFERSON DRIVE  
Suite, Apt. #, etc.  
UNIT 1-110

555 JEFFERSON DRIVE  
Suite, Apt. #, etc.  
UNIT 1-110

City & State  
DEERFIELD BEACH, FL

City & State  
DEERFIELD BEACH, FL

Zip  
33442

Country  
USA

Zip  
33442

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3430134

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	LIVERGOOD, DAN G	
STREET ADDRESS	1433 BRIDGEBROOK DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAN G. LIVERGOOD	
STREET ADDRESS	555 JEFFERSON DRIVE, UNIT 1-110	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN G. LIVERGOOD

04/02/01

(954) 425-0536

Daytime Phone #

CR2E034 (10/00)