

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90041 026 ***150.00

DOCUMENT # P97000021333

1. Entity Name
CREATIVE FORUM, INC.

Principal Place of Business

~~1109 VIRGINIA DRIVE~~
~~ORLANDO FL 32803~~

Mailing Address

~~1109 VIRGINIA DRIVE~~
~~ORLANDO FL 32803~~

2. Principal Place of Business

16701 GULF BLVD.

3. Mailing Address

16701 GULF BLVD.

(Suite, Apt. #, etc.)

A

(Suite, Apt. #, etc.)

A

City & State

N. REDDINGTON BEACH, FL

City & State

N. REDDINGTON BEACH, FL

Zip

Country

33708

USA

Zip

Country

33708

USA

6. Name and Address of Current Registered Agent

PIERCE, IAN

1109 VIRGINIA DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

PIERCE, IAN

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

16701 GULF BLVD SUITE A

City

N. REDDINGTON BEACH

FL

Zip Code

33708

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

DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-01-02

***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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **PIERCE, IAN**
STREET ADDRESS **1109 VIRGINIA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☒ **Delete**
NAME **MCCALLISTER, JUDY P**
STREET ADDRESS **1109 VIRGINIA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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 **D** ☒ **Change** ☐ **Addition**
NAME **PIERCE, IAN**
STREET ADDRESS **16701 GULF BLVD. SUITE A**
CITY-ST-ZIP **N. REDDINGTON BEACH, FL 33708**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **MCCALLISTER, JUDY P**
STREET ADDRESS **16701 GULF BLVD. SUITE A**
CITY-ST-ZIP **N. REDDINGTON BEACH, FL 33708**

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

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

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

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

IAN W. PIERCE

Date

Daytime Phone #

02-01-02 727-394-8857

CR2E034 (9/01)