FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027561

658114

1. Entity Name

TRS CREATIVE ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5 BECKLEY PLACE	5 BECKLEY PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33426 Country: PALM BEACH	Zip: 33426 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0733923 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RICHARD SCHMIDT

Street Address (P.O. Box Number is Not Acceptable): 5 BECKLEY PLACE

City: BOYNTON BEACH FL Zip Code 33426

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	RICHARD SCHMIDT	NAME	
STREET ADDRESS	5 BECKLEY PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	THERESA SCHMIDT	NAME	
STREET ADDRESS	5 BECKLEY PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Schmidt 4/24/2002 561-642-4857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #