2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

P O BOX 16952

City & State

P97000037395 DOCUMENT

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32223

2. Principal Place of Business

Suite, Apt. #, etc.

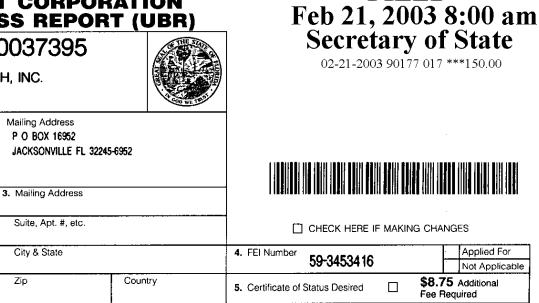
City & State

Zip

2797 CARLENE CT.

CREATIVE IMAGES BY KURT ENGLISH, INC.

Country



ENGLISH, KURT 2797 CARLENE CT JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent			
Name	and the factor of the factor o	T	
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. I am familiar with, and accept

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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

FILE NOW!!! FEE IS \$150.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILED

\$5.00 May Be Added to Fees

Applied For

Not Applicable

9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS (CHANGES TO OFFICEDS AND DIDECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. □ Delete TITLE TITLE ENGLISH, KURT F NAME NAME STREET ADDRESS 2797 CARLENE CT. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP

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CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CR2E034 (10/02)