

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90173 019 \*\*\*150.00

DOCUMENT # **P97000057704**

1. Entity Name  
**EXCLUSIVE CREATIONS, INC.**

Principal Place of Business  
**3121 SATURN RD**  
**BROOKSVILLE FL 34609**

Mailing Address  
**3121 SATURN RD**  
**BROOKSVILLE FL 34609**

2. Principal Place of Business  
**22161 POWELL RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**22161 POWELL RD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**BROOKSVILLE FL**

City & State  
**BROOKSVILLE FL**

4. FEI Number **59-3454216**

Applied For  
 Not Applicable

Zip **34602** Country **USA**

Zip **34602** Country **USA**

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

**TEMPLEMAN, TONYA E**  
**3121 SATURN RD**  
**BROOKSVILLE FL 34609**

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 \_\_\_\_\_ (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.

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TEMPLEMAN, TONYA E</b>
STREET ADDRESS	<b>3121 SATURN RD</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONYA E TEMPLEMAN</b>
STREET ADDRESS	<b>22161 Powell Rd</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34602</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tonya E Templeman **TONYA E. TEMPLEMAN** 4/20/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

352-848-0089

CR2E034 (10/00)