2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000057704 DOCUMENT



ZIP Country Zip Country	1. Entity Na	IVE CREATIONS, IN		0037704				03-24-2003 90144 020 ***150.00				
Suite, Apt. #, etc. Cay & State Cay & Stat	22161 POWE	LL RD		22161 POWELL RD				1 (\$41)\$\$1 1(\$ 161) 168) .	24::: 21 ::: 25 ::::			
City & State Country S. Certificate of Status Desired S. R. Standard Fee Required See Required Fee Required Fee Required Registered Agent Name City City FL Zigne	2. Principal I	Place of Business	, - ,	3. Mailing Address								
Zip Country Zip Country 59-3454216 Short Nor A	Suite, Apt	. #, etc.	-	Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent TEMPLEMAN, TONYA E 22161 POWELL RD BROOKSVILLE FL 34609* 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of personal organization of personal organization and organization of personal organization of personal organization of personal organization orga	City & State			City & State			4.	197.14542 in				
TEMPLEMAN, TONYA E 22161 POWELL RD BROOKSVILLE FL 34609 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 Flonda. Lam familiar with, and the obligations of registered agent and seed agent and see	Zìp	Country		Zip	Count	ry	: 5	Certificate of Status Desired	E :		ot Applicable Iditional_	
TEMPLEMAN, TONYA E 22161 POWELL RD BROOKSVILLE FL 34605* Street Address (PO. Box Number is Not Acceptable) City FL 20000 C		6. Name and Address	s of Current Re	egistered Agent			7.	Name and Address of New				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL ZinCopts City ADDifficity DATE FILE NOW!! FEE IS Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agent are titeld application. (NOTE Registered Agent agent when rendating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AND DIREC		4411 TAIN-1 T				Name						
B. 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 the obligations of registered agent. SIGNATURE SIGN						Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE	BROOKS	VILLE FL 34609					•					
SIGNATURE Signature, by each of free distance agent and stuff supplicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE NAME STREET ADDRESS OITY-S1-2P ITTLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					-	City			FL	Zin Con	- - - -	
TITLE NAME TEMPLEMAN, TONYA E 22161 POWELL RD BROOKSVILLE FL 34602 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Ch	F Afte Make Chec	ILE NOW!!! FEE IS \$ r May 1, 2003 Fee will b k Payable to Florida De	150.00 pe \$550.00 partment of S	itate			ired when re	9. Election Campaign F	DATE -	\$5.0 Added	00 May Be	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	T	ICERS AND DI	RECTORS	11.		ΑĎ	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	TEMPLEMAN, TONYA 22161 POWELL RD		□ Delete	NAME STREET	I					☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	name Street address			☐ Delete	NAME STREET	I	-			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		No. क्षेत्रके के 🚁	☐ Delete	** NAME STREET	ADDRESS		eran jer – Timi,		☐ Change	☐ Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAME Street				-	☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME		نفر	Delete	NAME STREET					Change	Addition	
TITLE Delete TITLE Change Change IAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP	IAME STREET ADDRESS		f.,		NAME STREET		79			Change	☐ Addition	

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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. of the corporation or the receiver or truste changed, or on an attachment with an ad