

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90013 037 ***150.00

DOCUMENT # P97000073659

1. Entity Name

CREATEACOLOR, INC.

Principal Place of Business

10216 AHAVISTA AVE
302
TAMPA FL 33647

Mailing Address

10216 AHAVISTA AVE
302
TAMPA FL 33647

2. Principal Place of Business

10219 ALTAVISTA AVE

Suite, Apt. #, etc.

104

City & State

TAMPA, FL

Zip

33647

Country

USA

3. Mailing Address

10219 ALTAVISTA AVE

Suite, Apt. #, etc.

104

City & State

TAMPA, FL

Zip

33647

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3465543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, MATTHEW P

10216 ALTAVISTA AVE #302
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

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

10219 ALTAVISTA AVE #104

City

TAMPA

FL

Zip Code

33647

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYD, MATTHEW P	
STREET ADDRESS	10216 AHAVISTA AVE #302	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOYD, JENNIFER	
STREET ADDRESS	10216 AHAVISTA AVE #302	
CITY-ST-ZIP	TAMPA FL 33647	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10219 ALTAVISTA AVE #104	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10219 ALTAVISTA AVE #104	
CITY-ST-ZIP	TAMPA, FL 33647	
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:

Matthew P. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 **813-690-9500**