

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099910

1. Entity Name

CREED MERCHANDISING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90030 032 ***150.00

Principal Place of Business

2418 N. MONROE ST.
#140
TALLAHASSEE FL 32303

Mailing Address

2418 N. MONROE ST.
#140
TALLAHASSEE FL 32303-4119

2. Principal Place of Business

15 S. Orange Ave.
Suite, Apt. #, etc.
N/A

3. Mailing Address

1261 Lincoln Ave.
Suite, Apt. #, etc.
Suite 216

City & State
Orlando, FL

Zip
32801

Country
USA

City & State
San Jose, CA

Zip
95125

Country
USA

4. FEI Number 77-0476037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSON, JEFF
2418 N. MONROE
#140
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name Jeff Hanson

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

15 S. Orange Ave

City Orlando

FL

Zip Code 32801

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

4/19/00

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
NAME STAPP, SCOTT
STREET ADDRESS PO BOX 20346 N/A
CITY-ST-ZIP TALLAHASSEE FL 32316 ☐ Delete

TITLE PD
NAME TREMONTI, MARK
STREET ADDRESS PO BOX 20346 N/A
CITY-ST-ZIP TALLAHASSEE FL 32316 ☐ Delete

TITLE SD
NAME MARSHALL, BRIAN
STREET ADDRESS PO BOX 20346 N/A
CITY-ST-ZIP TALLAHASSEE FL 32316 ☐ Delete

TITLE TD
NAME PHILLIPS, THOMAS SCOTT
STREET ADDRESS PO BOX 20346 N/A
CITY-ST-ZIP TALLAHASSEE FL 32316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 407 422 5700