

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099910

1. Entity Name
CREED MERCHANDISING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90029 043 ***150.00

Principal Place of Business

15 S ORANGE AVE
ORLANDO FL 32801

Mailing Address

1261 LINCOLN AVE
SUITE 216
SAN JOSE CA 95125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

MCNEELY, ROBERT A ESQ.
MCFARLAIN, WILEY, CASSEDY & JONES, P.A.
215 SOUTH MONROE ST., STE. 600
TALLAHASSEE FL 32301

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CPO
STREET ADDRESS BARRY WHITEFIELD
CITY-ST-ZIP 15 S. ORANGE AVE, ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)