

DOCUMENT # P98000013023

1. Entity Name

ABSOLUTELY CREATIVE, INC.

Principal Place of Business

7020 NW 49TH PLACE
LAUDERHILL FL 33319

Mailing Address

7020 NW 49TH PLACE
LAUDERHILL FL 33319

2. Principal Place of Business

9204 Rutledge Ave
Suite, Apt. #, etc.
City & State
Boca Raton, FL
Zip
33434
Country
USA

3. Mailing Address

9204 Rutledge Ave
Suite, Apt. #, etc.
City & State
Boca Raton, FL
Zip
33434
Country
U.S.A.

6. Name and Address of Current Registered Agent

NOBLE, EUGENIA E
7020 NW 49TH PLACE
LAUDERHILL FL 33319

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Eugenia E. Noble

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

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

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
NOBLE, EUGENIA E
7020 NW 49TH PLACE
LAUDERHILL FL 33319

☐ Delete

TITLE

NAME

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TITLE

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 609.01(1)(a) of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of a declaration under penalty of perjury.

SIGNATURE:

Eugenia E. Noble

Eugenia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[illegible]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0689442	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
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 Eugenia E. Noble 4-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOBLE, EUGENIA E 7020 NW 49TH PLACE LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Eugenia E. Noble Eugenia E. Noble 4-10-01 (561)-218-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____