

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000063509**

1. Entity Name
CREATIONS BY KATHERINE, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business **15980 MEADOW WOOD DR.** 3. Mailing Address **15980 MEADOW WOOD DRIVE**

Suite, Apt. #, etc. **DNA** Suite, Apt. #, etc. **DNA**

City & State **WELLINGTON, FL** City & State **WELLINGTON, FL**

Zip **33414** Country **PALESTINE** Zip **33414** Country **PALESTINE**

FILED
00 OCT -9 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATHERINE MEYER
13763 ISH NALA CIRCLE
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name **KATHERINE MEYER**
Street Address (P.O. Box Number is Not Acceptable)
15980 MEADOW WOOD DRIVE
City **WELLINGTON** FL Zip Code **33414**

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 _____ (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 | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

Due to a change of address I never received my incorporation renewal form. Please forgive my tardiness. Thank you - Katherine Meyer

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATHERINE MEYER | |
| STREET ADDRESS | 15480 MEADOW WOOD DRIVE | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATHERINE MEYER | |
| STREET ADDRESS | 15480 MEADOW WOOD DRIVE | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | SECRETARY-TREASURER | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATHERINE MEYER | |
| STREET ADDRESS | 15480 MEADOW WOOD DRIVE | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| 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 | | |

400003437084-7
-10/24/00-01087-007
****150.00 ****150.00

SP

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: **Katherine Meyer** **Katherine Meyer** 10-05-00 561-793-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)