

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000067579**

1. Entity Name

E CREATIONS, INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90839 001 ***150.00

05-19-2000 90839 002 *****8.75

Principal Place of Business

Mailing Address

1514 PARK MEADOW DRIVE, UNIT #4
FT. MYERS FL 33907**1514 PARK MEADOW DRIVE, UNIT #4**
FT. MYERS FL 33907-3643

2. Principal Place of Business

3. Mailing Address

9761 APPLE BUTTER LN**9761 APPLE BUTTER LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO, FL

City & State

ESTERO, FL

Zip

33928

Country

LEE

Zip

33928

Country

LEE

4. FEI Number

65-0862639

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

NORTON, ELIZABETH A
1514 PARK MEADOW DRIVE, UNIT #4
FT. MYERS FL 33907

Name

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

9761 APPLE BUTTER LN

City

ESTERO

FL

Zip Code

33928

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 fee, 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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **NORTON, ELIZABETH A**
CITY-ST-ZIP **1514 PARK MEADOW DRIVE, UNIT #4**
FT. MYERS FL 33907TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9761 APPLE BUTTER LN**
CITY-ST-ZIP **ESTERO, FL 33928**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00**941 498 7972**