

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90093 037 ***158.75

DOCUMENT # P98000067974

1. Entity Name
A CREATIVE FACTORY, INC.

Principal Place of Business

**491 NORTH LYRA CIRCLE
 JUNO BEACH FL 33408**

Mailing Address

**P.O. BOX 30542
 PALM BEACH GARDENS FL 33420**

2. Principal Place of Business

784 US Highway One

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Palm Beach FL

City & State

4. FEI Number

65-0972605

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRANE, JONI
 491 NORTH LYRA CIRCLE
 JUNO BEACH FL 33408**

7. Name and Address of New Registered Agent

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, 2002 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 **PS** ☐ Delete
 NAME **CRANE, JONIDY**
 STREET ADDRESS **491 NORTH LYRA CIRCLE**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **VPT** ☒ Delete
 NAME **PISTELLA, LIBRA**
 STREET ADDRESS **13 LEXINGTON LANE EAST**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Delete
 NAME **CRANE, BRANDY**
 STREET ADDRESS **491 NORTH LYRA CIRCLE**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Joni Crane, Ps/sec** ☒ Change ☐ Addition
 NAME **491 N. Lyra Circle**
 STREET ADDRESS **Juno Beach, FL 33408**
 CITY-ST-ZIP **correct name only**

TITLE **Christine Solazzi** ☒ Change ☐ Addition
 NAME **Vice President / Tres.**
 STREET ADDRESS **784 US Hwy One**
 CITY-ST-ZIP **North Palm Beach 33408**

TITLE **Thomas West** ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **432 N. Peninsula Drive**
 CITY-ST-ZIP **Daytona Beach, FL 32118**

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

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02

Date

561-776-0079

Daytime Phone #

CR2E034 (9/01)