

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070404

1. Entity Name

CREATIVE CONSULTANTS OF NORTHWEST FLORIDA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90086 048 ***150.00

Principal Place of Business

Mailing Address

307 SOMERSET DRIVE
FORT WALTON BEACH FL 32547

307 SOMERSET DRIVE
FORT WALTON BEACH FL 32547-3132

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

59-3533292

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

BERGMANN, FREDERICK
307 SOMERSET DRIVE
FORT WALTON BEACH FL 32547

Name

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

307 SOMERSET DRIVE

City

FORT WALTON BEACH

FL

Zip Code

32547

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]

25-MAR-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BERGMANN, MARIE
CITY-ST-ZIP 307 SOMERSET DRIVE
FORT WALTON BEACH FL 32547-3132

TITLE ☒ Change ☐ Addition
NAME D P T S
STREET ADDRESS BERGMANN, MARIE
CITY-ST-ZIP 307 SOMERSET DRIVE
FORT WALTON BEACH FL 32547-3132

TITLE ☐ Delete
NAME D
STREET ADDRESS BERGMANN, FREDERICK
CITY-ST-ZIP 307 SOMERSET DRIVE
FORT WALTON BEACH FL 32547

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #