

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 043 ***150.00

DOCUMENT # P98000071632

1. Entity Name
CREATIONS BY ANN MARIE, INC.

Principal Place of Business

**3344 CURRY FORD RD.
 ORLANDO FL 32806**

Mailing Address

**5273-2 TUNBRIDGE WELLS LN.
 ORLANDO FL 32812**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2469 Stoneview Rd.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32806

Country

USA

4. FEI Number

59-3528174

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PENKACIK, ALFRED W
 5273-2 TUNBRIDGE WELLS LN
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

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

2469 Stoneview Rd

City **Orlando**

FL

Zip Code

32806

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

[Handwritten Signature] **Alfred W Penkacik** **VICE-PRESIDENT** **4/13/02**

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 **P** Delete
 NAME **PENKACIK, ANN M**
 STREET ADDRESS **5273-2 TUNBRIDGE WELLS LN**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **ST** Delete
 NAME **PENKACIK, ALFRED W**
 STREET ADDRESS **5273-2 TUNBRIDGE WELLS LN**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS **2469 Stoneview Road**
 CITY-ST-ZIP **Orlando, FL 32806**

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 STREET ADDRESS **2469 Stoneview Road**
 CITY-ST-ZIP **Orlando, FL 32806**

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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:

[Handwritten Signature] **Alfred W Penkacik** **4/13/02** **407 350 2149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)