## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P98000080714 CREATIVE COMMUNICATION COMPANY OF FLORIDA

Principal Plac	ce of Business	Mailing Address						
5729 CENTRAL AVE ST. PETERSBURG FL 33710		5729 CENTRAL AVE ST. PETERSBURG FL 33710						
2. Principal Place of Business 700 7TH AVE N Suite, Apt. #, etc. City & State		3. Mailing Address 700 7TH AVE N Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number F0-25-42057   Applied For			
	ERSBURG FL	ST. PETERSBURG FL			4. FEI Number	59-3542057		Applied For Not Applicable
Zip 33701	Country	Zip 33701	Country		5. Certificate of Sta	tus Desired	\$8.75 Fee Requ	Additional
<del></del>	6. Name and Address of Current	Registered Agent	Nome		7. Name and Addr	ess of New Re	gistered Agent	
350	PER, MICHAEL C 26TH AVE. SE PETERSBURG FL 33705			ddress (P.0	D. Box Number is N	ot Acceptable)		-  -
01.1					MARYLAN		Zip C	ode
8. The above	named entity submits this statement of	JAM	registered office or	registered	ON / PRES	he State of Flor	ida.	3703
Tax filing r	oration is digible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		50.00	ľ	Campaign Fina nd Contribution.	~ ~~	5.00 May Be ded to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRECTO	DRS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LAYTON, JAMES K 350 26TH AVE SE ST PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		MARYLAN ETERSBU			e 🗀 Addition
TITLE	VTS	➤ Delete	TITLE	<u> </u>	<u> </u>	ro , ru	Chang	e 🗆 Addition
NAME STREET ADDRESS ( CITY-ST-ZIP	COOPER, MICHAEL C 350 26TH AVE SE ST PETERSBURG FL 33705		NAME STREET ADDRESS CITY-ST-ZIP				Onling	, House His
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Chang	e 🗌 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Changi	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
	ertify that the information supplied with i on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w							

SIGNATURE:

SIGNATURE AND TYPED OF

K. LAYTON

111501

**FILED** 

Jan 26, 2001 8:00 am Secretary of State

01-26-2001 90010 014 \*\*\*158.75