

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90024 032 ***150.00

DOCUMENT # P98000080733

1. Entity Name

QUICKCREATIVE CORP.

Principal Place of Business

1109 N. 13 TERR.
HOLLYWOOD FL 33019

Mailing Address

1109 N. 13 TERR.
HOLLYWOOD FL 33019-3115

2. Principal Place of Business

610 SOUTH MILITARY TRAIL

3. Mailing Address

1255 WASHINGTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

HOLLYWOOD, FL

Zip

Country

33442 USA

Zip

Country

33019-1810 USA

4. FEI Number

65-0869989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, BRIAN K
1109 N. 13 TERR.
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

BRIAN K. MCCARTHY

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

1255 WASHINGTON ST

City

HOLLYWOOD

FL

Zip Code

33019-1810

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

Brian K. McCarthy BRIAN K. MCCARTHY

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, 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCCARTHY, BRIAN K	
STREET ADDRESS	1109 N. 13 TERR.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAUGHTON, LISA	
STREET ADDRESS	1109 N. 13 TERR.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN K. MCCARTHY	
STREET ADDRESS	1255 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33019-1810	
TITLE	VICE PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA MCCARTHY	
STREET ADDRESS	1255 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33019-1810	
TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW SHEEHY	
STREET ADDRESS	610 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Brian K. McCarthy BRIAN K. MCCARTHY 01/10/00 954-925-9943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #