## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCÜMENT # P98000085538

Entity Name

CREATIVE COMMUNICATIONS OF HAVANA, INC.

Principal Place of Business

Mailing Address

1298 CHEROKEE DR HAVANA FL 32333

1298 CHEROKEE DR HAVANA FL 32333

2. Principal Place of Business CREROKIED

Suite, Apt. #, etc.

AUANA

City & State

3. Mailing Address 67 CHELONES DR

Suite, Apt. #, etc.

City & State

AUNNA

Country

4. FEI Number

59-3552460

FILED

00 SEP 12 PM 4: 16

SESTETATE.
TALLIATIVESEE: FLORIDA

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

DATE

DO NOT WRITE IN THIS SPACE

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

WALSH, GEORGE 1298 CHEROKEE DR HAVANA FL 32333

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Name

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

(NOTE: Registered Agent signature required when reinstating)

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.

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min, will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete 000003397940 GORDON, PATRICIA NAME NAME -09/19/00--01037--003 STREET ADDRESS 1298 CHEROKEE DR STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE WALSH, GEORGE NAME NAME 210 BRADFORD RD., #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #

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To whom Net may Concern. Had Mat Deceve first natice. Late notice was fecured Due to 911 addies Chance. Used to be 1298 Cherokes Mon is 67 Cherales Dr Havara Fla 32333