

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90063 042 ***150.00

DOCUMENT # P99000008650

1. Entity Name
FGP CREATIONS, INC.

Principal Place of Business
**4344 PINNACLE ST.
 PORT CHARLOTTE FL 33960**

Mailing Address
**P O BOX 2343
 PORT CHARLOTTE FL 33449**

2. Principal Place of Business
4344 Pinnacle St.
 Suite, Apt. #, etc.

3. Mailing Address **PO Box 494253**
~~4344 Pinnacle St.~~
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Charlotte Harbor FL
 Zip
33980
 Country
US

City & State
Charlotte Harbor FL
 Zip
33980
 Country
US

4. FEI Number
59-3554854

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EKONOMIDES, ANTHONY C
 201 N. FRANKLIN ST. STE. 2350
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
ANTHONY C. EKONOMIDES, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
THE EKONOMIDES LAW FIRM, P.A.
562 - FIRST AVENUE NORTH
 City
ST. PETERSBURG. FL Zip Code
33701

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 **ANTHONY C. EKONOMIDES, ESQ.** DATE **03/09/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGOIRE, TINA R P O BOX 2343 PORT CHARLOTTE FL 33949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEO, SALVATORE P O BOX 2343 PORT CHARLOTTE FL 33949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEO, DAVID P O BOX 1266 PORT RICHEY F; 34673	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROFITA, TIFFANY 3034 58 TERRACE E BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TinaRae Gregoire 4489 Aladdin Ave. North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Salvatore FEO 4489 Aladdin Ave. North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David FEO 4489 Aladdin Ave. North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tiffany Profita 5421 San Luis Terrace North Port, FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TinaRae Gregoire** **TinaRae Gregoire, Pres.** DATE **03/09/02** DAYTIME PHONE # **941-255-8555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)