

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008650

1. Entity Name
FGP CREATIONS, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90095 031 ***158.75

Principal Place of Business
4344 PINNACLE ST
CHARLOTTE HARBOR FL 33980

Mailing Address
P O BOX 494253
CHARLOTTE HARBOR FL 33980



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3554854

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EKONOMIDES, ANTHONY C
THE EKONOMIDES LAW FIRM, PA
562 - FIRST AVENUE NORTH
SAINT PETERSBURG FL 33701

Name GREGOIRE, TINA RAE

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

4344 PINNACLE ST.

City CHARLOTTE HARBOR FL

Zip Code 33980

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tina Rae Gregoire, Pres.*

4/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GREGOIRE, TINA R
STREET ADDRESS 4489 ALADDIN AVE
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FEO, SALVATORE
STREET ADDRESS 4489 ALADDIN AVE
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS 3525 ISLAND CLUB DRIVE #1
CITY-ST-ZIP NORTH PORT, FL 34288 ☒ Change ☐ Addition

TITLE TD
NAME FEO, DAVID
STREET ADDRESS 4489 ALADDIN AVE
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME PROFITA, TIFFANY
STREET ADDRESS 5421 SAN LUIS TERRACE
CITY-ST-ZIP NORTH PORT FL 34286 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tina Rae Gregoire, Tina Rae Gregoire 4/20/03 941 2558555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)