

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-13-2000 90018 031 ***150.00

DOCUMENT # P99000015049

Entity Name

CREATIVE MARKETING, CORP.

Principal Place of Business

BAILEY DRIVE STE 1
NICEVILLE FL 32578

Mailing Address

111 BAILEY DRIVE STE 1
NICEVILLE FL 32578-2755

Principal Place of Business

1149 TROON DR. N.
Suite, Apt. #, etc.

3. Mailing Address

1149 TROON DR. N.
Suite, Apt. #, etc.

City & State

DESTIN FL

Zip
32541

Country
USA

City & State

DESTIN FL

Zip
32541

Country
USA

4. FEI Number

59-3577423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, KRISTEN
111 BAILEY DRIVE STE 1
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name: JOE ABRUZZO

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

1149 TROON DR. N.

City DESTIN

FL

Zip Code
32541

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: Joe Abruzzo
Signature, typed or printed name of registered agent and title if applicable

JOE ABRUZZO REGISTERED
AGENT

4/29/00
DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| ST-ZIP | OFFICERS AND DIRECTORS | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|--------|---------------------------------|-------|---------------------|-------------------|-----------------|---|
| | <input type="checkbox"/> Delete | | PATRICIA J. ABRUZZO | 1149 TROON DR. N. | DESTIN FL 32541 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT |
| | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Patricia J. Abruzzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
Date

850/267-3590
Daytime Phone #

CR2E034 (9/99)