

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052402

1. Entity Name

CREED WEAR, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90030 040 ***150.00

Principal Place of Business

Mailing Address

2418 N. MONROE ST., STE. 140
TALLAHASSEE FL 32303

2418 N. MONROE ST., STE. 140
TALLAHASSEE FL 32303-4119

2. Principal Place of Business

15 South Orange Ave.

3. Mailing Address

1261 Lincoln Ave.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

Suite 216

City & State

Orlando, FLORIDA

City & State

San Jose, CA

Zip

32801

Country

USA

Zip

95125

Country

USA

4. FEI Number

59-3574123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, JEFF
2418 N. MONROE ST., #140
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Jeff Hanson

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

15 S. Orange Ave

City

Orlando

FL

Zip Code

32801

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

Jeff Hanson

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/12/00

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	PD	<input type="checkbox"/> Delete
NAME	STAPP, SCOTT	
STREET ADDRESS	2418 N. MONROE ST., STE. 140	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TREMONTI, MARK	
STREET ADDRESS	2418 N. MONROE ST., STE. 140	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARSHALL, BRIAN	
STREET ADDRESS	2418 N. MONROE ST., STE. 140	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PHILLIPS, SCOTT	
STREET ADDRESS	2418 N. MONROE ST., STE. 140	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00

407 402 5940