

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000060777**

1. Entity Name

**CREATIVE FIELDS PUBLISHING, INC.****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90100 001 \*\*\*300.00

**23723**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3200 HENDERSON BLVD STE 100 TAMPA FL 33609</b>	Mailing Address <b>3200 HENDERSON BLVD STE 100 TAMPA FL 33609</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent
<b>HESSEMER, ERIC 1624 STORINGTON AVENUE TAMPA FL 33511</b>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	<input type="checkbox"/> Delete
NAME	<b>D HESSEMER, CHARLES</b>
STREET ADDRESS	<b>3200 HENDERSON BLVD STE 100</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DT HESSEMER, GREGORY</b>
STREET ADDRESS	<b>3613 HORATIO STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DS HESSEMER, ERIC</b>
STREET ADDRESS	<b>1624 STORINGTON AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33511</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DP YOUNG, TODD</b>
STREET ADDRESS	<b>1107 HOOVER</b>
CITY-ST-ZIP	<b>MT. HOLLY NC 28120</b>
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

01/22/01

Date

(913) 870-6800

Daytime Phone #

CR2E034 (10/00)