

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90079 041 ***150.00

DOCUMENT # P99000061339

1. Entity Name
CREATIVE TOUCH, INC.

Principal Place of Business

2667 MALL DRIVE
 SARASOTA FL 34231

Mailing Address

2667 MALL DRIVE
 SARASOTA FL 34231

2. Principal Place of Business

3623 WEBBER STREET

Suite, Apt. #, etc.

3. Mailing Address

3623 WEBBER STREET

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34232

Country

USA.

Zip

34232

Country

USA.

4. FEI Number

65-0934515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INGRATI, CARMELA
2667 MALL DR
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

INGRATI CARMELA

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

3623 WEBBER STREET

City

SARASOTA

FL

Zip Code

34232

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

Carmela Ingrati

4/11/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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	D	<input type="checkbox"/> Delete
NAME	INGRATI, CARMELA	
STREET ADDRESS	2667 MALL DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" 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:

Carmela Ingrati **CARMELA INGRATI**

Date

Daytime Phone #

4/11/01

(941) 921-2666

CR2E034 (10/00)