

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90193 010 \*\*\*150.00

**DOCUMENT # P99000063717**

1. Entity Name  
**KOZI KREATIONS, INC.**

Principal Place of Business

Mailing Address

~~5513 ROOSEVELT BLVD. #258~~  
~~JACKSONVILLE FL 32244-2345~~

~~5513 ROOSEVELT BLVD. #258~~  
~~JACKSONVILLE FL 32244-2345~~

974591

2. Principal Place of Business

3. Mailing Address

5730 103<sup>RD</sup> St. #7  
 Suite, Apt. #, etc.

5730 103<sup>RD</sup> St. Ste #7  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3587328

Applied For

Not Applicable

Zip

Country

32210

USA

Zip

32210

Country

USA

5. Certificate of Status Desired - ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOZIOLEK, MARCI  
 6539 TOWNSEND ROAD  
 LOT #232  
 JACKSONVILLE FL 32244

Name

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

City

FL

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 marci Koziolek, marci Koziolek, President 4/20/01  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KOZIOLEK, MARCI	
STREET ADDRESS	5513 ROOSEVELT BLVD #258	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOZIOLEK, ROBERT	
STREET ADDRESS	5513 ROOSEVELT BLVD #258	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

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: marci Koziolek, marci Koziolek 4/20/01 (904) 3179339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #