

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075411

1. Entity Name

CREATIVE COMMUNICATIONS & GRAPHICS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90068 040 \*\*\*150.00

Principal Place of Business

Mailing Address

11636 SHERBORNE CIRCLE SOUTH  
JACKSONVILLE FL 32225

11636 SHERBORNE CIRCLE SOUTH  
JACKSONVILLE FL 32225-3677

2. Principal Place of Business

4492 Southside Blvd. #204  
Suite, Apt. #, etc.

3. Mailing Address

4492 Southside Blvd.  
Suite, Apt. #, etc. #204



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL  
Zip 32216 Country USA

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Jacksonville FL  
Zip 32216 Country USA

4. FEI Number

59-3593979

Applied For

Not Applicable

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

JOHNANKNECHT, SANDRA  
11636 SHERBORNE CIRCLE SOUTH  
JACKSONVILLE FL 32225

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 Sandra Johanknecht

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Ronald Johanknecht  
CITY-ST-ZIP 4492 Southside Blvd. #204  
Jacksonville, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Sandra Johanknecht  
CITY-ST-ZIP 4492 Southside Blvd. #204  
Jacksonville, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Melissa Bowlby  
CITY-ST-ZIP 4492 Southside Blvd. #204  
Jacksonville, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra Johanknecht  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

904-620-8475

Daytime Phone #

CR2E034 (9/99)