

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # **P99000100025**

1. Entity Name
AWAKEINN CREATIONS, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 AUG 15 AM 10:28

Principal Place of Business Mailing Address
**2436 MARATHON LANE
FORT LAUDERDALE, FLORIDA 33312**

2. Principal Place of Business 3. Mailing Address
2436 MARATHON LANE
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Fort Lauderdale, Florida
Zip Zip
33312 Country Country

4. FEI Number **65-0967137** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DAVID A. HAYS
2436 MARATHON LANE
FORT LAUDERDALE, FLORIDA 33312**

7. Name and Address of New Registered Agent
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 **(X) David A. Hays** (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, 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 NAME STREET ADDRESS CITY-ST-ZIP
P.D. DAVID A. HAYS 2436 MARATHON LANE Fort Lauderdale, Florida 33312
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
8000003368049-8
-08/23/00-01013-007
******150.00 ****150.00**
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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 lists empowered.
SIGNATURE: **(X) David A. Hays** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2082

AWAKCINN
~~AWAKCINN~~ CREATIONS, INC.
2436 MARATHON LANE
FORT LAUDERDALE, FLORIDA 33312-4610
954 646-3963

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

August 8, 2000

Gentlemen:

On July 7, 2000, my daughter contacted your office regarding the dissolution of my corporation, which she set up for me on November 8, 1999.

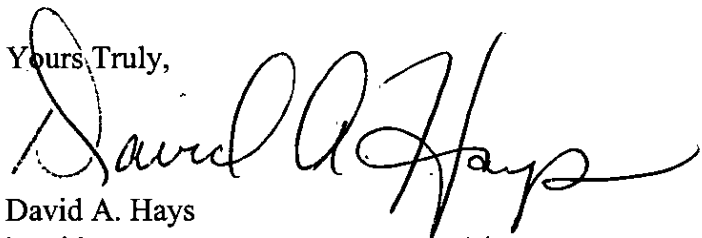
I was ill subsequent to incorporation, and on an extended vacation. I thought that my mail was being forwarded from my old location, but I have recently found out that some of my mail was lost in that transition, including the annual corporation report renewal.

I have enclosed a copy of the original paperwork showing my previous address for your review.

Please reinstate my corporation, accept the completed form and the enclosed check for \$ 150.00.

Your attention to this matter is greatly appreciated.

Yours Truly,



David A. Hays
President