

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100025

1. Entity Name

AWAKEINN CREATIONS, INC.

Principal Place of Business

Mailing Address

2436 MARATHON LANE
FT LAUDERDALE FL 333122436 MARATHON LANE
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

807 Stymie Lane
Suite, Apt. #, etc.807 Stymie Lane
Suite, Apt. #, etc.

City & State

City & State

Venice, Florida

Venice, Florida

Zip

Country

Zip

Country

34285

USA

34285

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0967137

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

807 Stymie Lane

City

Venice

FL

Zip Code

34285

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

David A. Hays

(NOTE: Registered Agent's signature required when reinstating)

4-29-01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYS, DAVID A
STREET ADDRESS 2436 MARATHON LANE
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME David A. Hays
STREET ADDRESS 807 Stymie Lane
CITY-ST-ZIP Venice, Florida 34285 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 like empowered.

SIGNATURE:

David A. Hays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

941.544.8257

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90160 004 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)