

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90029 015 ***150.00

DOCUMENT # S53009

1. Entity Name

CREATIVE FIREWORKS COMPANY

Principal Place of Business

1523 N.E. SOUTH STREET
 JENSEN BEACH FL 34957
 US

Mailing Address

P.O. BOX 468
 JENSEN BEACH FL 34958-0468
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0269364**

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

WAXLER, CAROL S
 73 S W FLAGLER AVE
 STUART FL 34994

Name **MARIE R. Yurillo**
 Street Address (P.O. Box Number is Not Acceptable)

1523 NE SOUTH ST (Box 468)
 City **Jensen Beach** FL Zip Code **34958**

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

MARIE R. YURILLO
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
 NAME **YURILLO, WILLIAM N**
 STREET ADDRESS **1523 NE SOUTH STREET**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **VS** ☐ Delete
 NAME **YURILLO, JAMES**
 STREET ADDRESS **1523 NW SOUTH STREET**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Yurillo, MARIE R.**
 STREET ADDRESS **1523 N.E. SOUTH ST (Box 468)**
 CITY-ST-ZIP **Jensen Beach FL 34958**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

MARIE R. YURILLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/00 **561-334-1588**

CR2E034 (9/99)