2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State S53009 DOCUMENT # 1. Entity Name 05-13-2002 90034 003 ***150.00 CREATIVE FIREWORKS COMPANY Principal Place of Business Mailing Address 1523 N.E. SOUTH STREET P.O. BOX 468 JENSEN BEACH FL 34957 JENSEN BEACH FL 34958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0269364 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required .⇒..7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YURILO, MARIE R Street Address (P.O. Box Number is Not Acceptable) 1523 NE SOUTH STREET JENSEN BEACH FL 34958 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE YURILLO, WILLIAM N NAME NAME **1523 NE SOUTH STREET** STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-7IP Addition hange □ Delete TITLE YURILLO, JAMES NAME **1523 NW SOUTH STREET** STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP - : Addition : ☐ Delete = == TITLE == TITLE NAME STREET ADDRESS STREET ADDRESS 12 - 12 1 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF

JAMES R. YURULO 4/23/02 772-534-1588

FILED