

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90045 013 \*\*\*150.00

**DOCUMENT # S92226**

1. Entity Name

**CREATIVE JEWELRY AND REPAIR INC.**

Principal Place of Business

Mailing Address

1600 W BAY DR  
 LARGO FL 33770  
 US

1600 W BAY DR  
 LARGO FL 33770-3002  
 US

2. Principal Place of Business

232 N. Indian Rocks Rd

3. Mailing Address

232 N. Indian Rocks Rd

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Belleair Bluffs FL

City & State

Belleair Bluffs FL

Zip

33770

Country

U.S.A.

Zip

33770

Country

U.S.A.

6. Name and Address of Current Registered Agent

MORAHAN, SEAN P.  
 2269 WILLOW BROOK DR  
 CLEARWATER FL 33764

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

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

(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 ☐ Delete  
 NAME D  
 STREET ADDRESS MORAHAN, SEAN P  
 CITY-ST-ZIP 2269 WILLOW BROOK DR  
 CLEARWATER FL 33764

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS MORAHAN, VICKI  
 CITY-ST-ZIP 2269 WILLOW BROOK DR  
 CLEARWATER FL 33764

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS MORAHAN, PETER  
 CITY-ST-ZIP 9398-110TH STREET NORTH  
 SEMINOLE FL 33772

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)