

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91410 036 ***150.00

DOCUMENT # V01577

1. Entity Name
CREOLA, INC.

Principal Place of Business

**2623 MELLOW LANE
 SEBRING FL 33870
 US**

Mailing Address

**P.O. BOX 1346, N/A
 SEBRING FL 33871-1346
 US**



2. Principal Place of Business

P.O. BOX 1257

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

Zip

34695-1257

Country

US

3. Mailing Address

P.O. BOX 1257

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

Zip

34695-1257

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3098807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SWAINE, MICHAEL J
 425 S. COMMERCE AVE.
 SEBRING FL 33870**

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, 2002 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 **PDST** ☐ Delete
 NAME **HICKMAN, DAVID L.**
 STREET ADDRESS **2623 MELLOW LANE**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☐ Delete
 NAME **DAY, KATHY A**
 STREET ADDRESS **2623 MELLOW LANE**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PDST** ☒ Change ☐ Addition
 NAME **HICKMAN DAVID L**
 STREET ADDRESS **3302 SAN GABRIEL ST.**
 CITY-ST-ZIP **CLEARWATER, FL. 33759**

TITLE **P** ☒ Change ☐ Addition
 NAME **DAY KATHY A**
 STREET ADDRESS **3302 SAN GABRIEL ST.**
 CITY-ST-ZIP **CLEARWATER, FL. 33759**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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: **KATHY A DAY** **REQUIRE** **KATHY A. DAY, DIRECTOR** **03/19/02** **727-743-9302**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)