

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # V14639

1. Entity Name
Mckenzie Creative, Inc.

02 APR 24 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7695 Willow Bastic Ct
Suite, Apt. #, etc.

3. Mailing Address
7695 Willow Bastic Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip
32312 Country
USA

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Tallahassee, FL
Zip
32312 Country
USA

4. FEI Number
05-0313699 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Susan Mckenzie
Street Address (P.O. Box Number is Not Acceptable)
7695 Willow Bastic Ct
City
Tallahassee **FL** Zip Code
32312

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 Susan Mckenzie (Vice Pres.) DATE 3/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CHARLES M. Mckenzie
(President)
7695 Willow Bastic Ct
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(Vice Pres) Susan Mckenzie
7695 Willow Bastic Ct
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600005492216-0
-05/08/02-01054-031
****308.75 ****308.75

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Mckenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 (850) 591-5903
Date Daytime Phone #

CR2E034B (12/01)