

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90224 031 ***150.00

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DOCUMENT # V31458

1. Entity Name

PALM BEACH CREATIVE DEVELOPMENT, INC.



Principal Place of Business
**833 SOUTH MILITARY TRAIL
SUITE 1769
WEST PALM BEACH FL 33415
US**

Mailing Address
**833 SOUTH MILITARY TRAIL
SUITE 1769
WEST PALM BEACH FL 33415
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

65-0342875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREASEN, PER K
1068A SUMMIT TRAIL CIR.
WEST PALM BEACH FL 33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete
NAME **ANDREASEN, PER K**
STREET ADDRESS **1068A SUMMIT TRAIL CIR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2003

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
V31458/80119970

Palm Beach Creative Development, Inc.
Construction, Design, Project Management & Consultation



833 South Military Trail, Suite 1769
West Palm Beach, FL 33415
Web Site: palmbeachcd.com
E-Mail: pbcd@bellsouth.net

Phone 561-688-2202
Cell Phone 561-827-0606
Fax 561-688-8769
CR-C032129

May 15, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

My Check Number 10130 is enclosed to cover the 2003 Uniform Business Report.

I realize payment is late, and I apologize for the delay. Both me and my bookkeeper have had family in the hospital, and our time and thoughts were with our families instead of what was going on at the office.

It was first brought to my attention today that payment had not been made. I am requesting that you waive the late payment fee. Thank you in advance for your consideration.

Sincerely,

Per Andreassen
President

Enclosure