

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90091 020 ****61.25

DOCUMENT # N00000007625

1. Entity Name
CREATIVE KIDS COUNT, INC.



Principal Place of Business
**4421 W. CULBREATH AVE.
TAMPA FL 33609**

Mailing Address
**4421 W. CULBREATH AVE.
TAMPA FL 33609**

11008581



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3683033**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SASSO, GARY L
4421 W. CULBREATH AVE.
TAMPA FL 33609**

Name **CFRA, LLC**

Street Address (P.O. Box Number is Not Acceptable)

changed 1/3/03 (Letter # 803A00001632)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SASSO, GARY L.	
STREET ADDRESS	1 PROGRESS PLAZA, #2300, 200 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701-4352	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEHMAN, KRISTEN	
STREET ADDRESS	211 S. MOODY AVE.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUEDEN, KIMBERLY	
STREET ADDRESS	BERKELEY PREPARATORY SCHOOL, 4811 KELLY RD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	P	<input type="checkbox"/> Delete
NAME	SASSO, JENNIFER M	
STREET ADDRESS	4421 W CULBREATH AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SASSO, KAREN J	
STREET ADDRESS	4421 W CULBREATH AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katie Alberts	
STREET ADDRESS	17009 Candeleda De Avila	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Gary D. Sasso*

4/17/03 727 824-0012

CR2E037 (10/02)