

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073671

1. Entity Name

CREATIVE INTEGRATED SERVICES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90090 015 ***150.00

Principal Place of Business

Mailing Address

501 KNIGHTS RUN AVE
#5101
TAMPA FL 33602
US

PO BOX 1792
TAMPA FL 33601-1792
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3531427

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

MIKOS, CYNTHIA A ESQ.
205 N PARSONS AVE
BRANDON FL 33510

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPVT ☒ Delete
NAME TODD, CEEBEE
STREET ADDRESS 501 KNIGHTS RUN AVE #5101 #2219
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☒ Addition
NAME Love, Thomas D
STREET ADDRESS 8065 Ridgely Circle West
CITY-ST-ZIP Lakeland FL 33809

TITLE S ☒ Delete
NAME TODD, CEEBEE
STREET ADDRESS 501 KNIGHTS RUN AVE #5101 #2219
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☒ Addition
NAME Rodach, Richard R MD
STREET ADDRESS 1225 Cypress Point Ecot Rd.
CITY-ST-ZIP Winter Haven FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Grant, Yvonne ARNP
CITY-ST-ZIP 8065 Ridgely Circle West
Lakeland FL 33809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TODD, CEEBEE ARNP
STREET ADDRESS 501 Knights Run Ave #2219
CITY-ST-ZIP Tampa FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Todd, CeeBee ARNP
STREET ADDRESS 501 Knights Run Ave #2219
CITY-ST-ZIP Tampa FL 33602

TITLE ☐ Delete
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 #

4-19-2000

813-221-2014