

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000073671**1. Entity Name  
CREATIVE INTEGRATED SERVICES, INC.Principal Place of Business  
501 KNIGHTS RUN AVE  
#2219  
TAMPA FL 33602  
USMailing Address  
PO BOX 1792  
TAMPA FL 33601  
US2. Principal Place of Business  
601 CHANNELSIDE WALK WAY

3. Mailing Address

Suite, Apt. #, etc.  
#1437

Suite, Apt. #, etc.

City & State  
TAMPA FL

City &amp; State

Zip  
33602Country  
US

Zip

Country

4. FEI Number  
**59-3531427**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MIKOS CYNTHIA AESQ.  
205 N PARSONS AVEBRANDON FL  
33510**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 \_\_\_\_\_ **04/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 D ☐ Delete  
NAME GRANT YVONNE A  
STREET ADDRESS 8065 RIDGEGLLEN CIRCLE WEST  
CITY-ST-ZIP LAKE LAND FL 33809TITLE D ☐ Delete  
NAME RODACHA RICHARD FMD  
STREET ADDRESS 1225 CYPRESS POINT EAST RD  
CITY-ST-ZIP WINTER HAVEN FL 33884TITLE T ☐ Delete  
NAME LOVE THOMAS D  
STREET ADDRESS 8065 RIDGEGLLEN CIRCLE W  
CITY-ST-ZIP LAKE LAND FL 33809TITLE CPVS ☐ Delete  
NAME TODD CEEBEE  
STREET ADDRESS 501 KNIGHTS RUN AVE #2219  
CITY-ST-ZIP TAMPA FL 33602TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE CPVS ☒ Change ☐ Addition  
NAME TODD CEEBEE  
STREET ADDRESS 601 CHANNELSIDE WALK WAY # 1437  
CITY-ST-ZIP TAMPA FL 33602TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: CeeBee Todd**

CPVS 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)