

2001 UNIFORM BUSINESS REPORT (UBR)

0011041 AF

DOCUMENT # A94000000897				FILED 01 APR 30 PM 5:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CREONIX, LTD.					
Principal Place of Business 2159 63RD AVENUE EAST BRADENTON FL 34203			Mailing Address 2159 63RD AVENUE EAST BRADENTON FL 34203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0502127	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLOBAL HORIZONS, INC. 1801 GLENGARRY ST., SUITE 202 SARASOTA FL 34231				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Capital Contributions as Shown on record.		\$294,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000015594		STREET ADDRESS	100004220971--7 -05/16/01--01122--011 ****526.25 ****526.25	
NAME	CREONIX, INC.		CITY-ST-ZIP		
STREET ADDRESS	2159 63RD AVENUE EAST		STREET ADDRESS	5/115	
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP		
DOCUMENT #	P96000000445		STREET ADDRESS		
NAME	GLOBAL HORIZONS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1801 GLENGARRY STREET, SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Alfred Forestaud Jr</i>			4/26/01 941-758-3340 Date Daytime Phone #		

CR2E003 (11/00)