

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000003012**

1. Entity Name

CREATIVE WAYS, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90199 037 ***150.00

0145903 SP

Principal Place of Business

**15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**

Mailing Address

**15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1038690**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

NEAL, JOHN**15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**

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:

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
HAYNES, VICTOR C
15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PS
NEAL, JOHN
15842 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 02

Date

954443 5772

Daytime Phone #

CR2E034 (4/02)

attachment

F01000003012

CREATIVE WAYS, INC
15841 Pine Blvd.
Suite 292
Pembroke Pines, FL 33027

Ph 954 443 5772
Fax 954 443 5773
Cell 954 665 6283

20 Aug 02

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Ma'am:

I did not receive the original statement for \$150.00 in regard to the included Uniform Business Report. Please accept the \$150.00 payment as payment in full for 2002. Any questions or problems please contact me at the above numbers.

Thank you.

Sincerely,

Victor C. Haynes
Treasurer Creative Ways, Inc