

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001074**

1. Entity Name

CREATIVE SECURITY, INC.**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90040 005 ***150.00

Principal Place of Business

**64 PRATT ST
MANSFIELD MA 02048**

Mailing Address

**64 PRATT ST
MANSFIELD MA 02048**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **05-0369114**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****KASKY, ROBERT A ESQ
200 E. LAS OLAS BLVD
SUITE 1900
FT LAUDERDALE FL 33301****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

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, 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	PD	<input type="checkbox"/> Delete
NAME	SKLAR, ALAN T	
STREET ADDRESS	2201 MARINA ISLE WAY #206	
CITY-ST-ZIP	JUPITER FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SKLAR, S. ELIOT	
STREET ADDRESS	20 COLONIAL WAY	
CITY-ST-ZIP	W. FALMOUTH MA	

TITLE	C	<input type="checkbox"/> Delete
NAME	GOOTKIND, JUDITH A.	
STREET ADDRESS	87 COLUMBIA AVE	
CITY-ST-ZIP	CRANSTON RI	

TITLE	T	<input type="checkbox"/> Delete
NAME	SKLAR, KATHLEEN M	
STREET ADDRESS	6 WENLOCK CIRCLE	
CITY-ST-ZIP	N. EASTON MA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)

X214