

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96348

1. Entity Name

CREATIVE PROBLEM SOLVERS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90056 027 ***150.00

Principal Place of Business

Mailing Address

6413 DEANEHILL DRIVE
KNOXVILLE TN 37919
US

P.O. BOX 1072
KNOXVILLE TN 37901-1072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2275873

Applied For

Not Applicable

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

KREIS, BONITA M
4000 NORTH FEDERAL HIGHWAY
SUITE 206
BOCA RATON FL 33431

Name

KREIS, BONITA M.
Street Address (P.O. Box Number is Not Acceptable)

1700 S. DIXIE HWY, STE 1-B

City

BOCA RATON

FL

Zip Code

33431

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 CSD ☐ Delete
NAME KREIS, BONITA M
STREET ADDRESS 6423 DEANEHILL DRIVE
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME KREIS, HAZEN H
STREET ADDRESS 6423 DEANEHILL DRIVE
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KREIS, HAZEN H III
STREET ADDRESS 6423 DEANEHILL DRIVE
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LARSEN, BRADLEY L
STREET ADDRESS 820 EAST PARKWAY
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (9/99)