

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 004 ***150.00

DOCUMENT # F96348

1. Entity Name
CREATIVE PROBLEM SOLVERS, INC.



Principal Place of Business
**6413 DEANEHILL DRIVE
KNOXVILLE, TN 37919 US**

Mailing Address
**P.O. BOX 1072
KNOXVILLE, TN 37901**

2. Principal Place of Business

3. Mailing Address

PO Box 11625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KNOXVILLE, TN

Zip

Country

37919-1625

Country



☒ CHECK HERE IF MAKING CHANGES

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
1700 S. DIXIE HWY STE I-B
BOCA RATON, FL 33427**

Name

Bonita M Kreis

Street Address (P.O. Box Number is Not Acceptable)

4384 NE Skyline Drive

City

JENSEN BEACH

FL

Zip Code

34957

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 withdrawing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

**CSD
KREIS, BONITA M
6423 DEANEHILL DRIVE
KNOXVILLE, TN 37919**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**PD
KREIS, HAZEN H
6423 DEANEHILL DRIVE
KNOXVILLE, TN 37919**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**VD
KREIS, HAZEN H III
6423 DEANEHILL DRIVE
KNOXVILLE, TN 37919**

TITLE ☒ Change ☐ Addition

**4384 NE Skyline Drive
JENSEN BEACH, FL 34957**

TITLE ☐ Delete

**T
LARSEN, BRADLEY L
820 EAST PARKWAY
STUART, FL 34996**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonita M Kreis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

865-584-0137

Date

Daytime Phone #

CR2E034 (10/02)