

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004610

1. Entity Name

CREATIVE LOGICS CORPORATION OF ILLINOIS

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90041 030 \*\*\*150.00

Principal Place of Business

1975 E. SUNRISE BLVD., SUITE 722  
FORT LAUDERDALE FL 33304

Mailing Address

1975 E. SUNRISE BLVD., SUITE 722  
FORT LAUDERDALE FL 33304-1454

2. Principal Place of Business

1975 E. SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 729

City & State

FORT LAUDERDALE FL

Zip

33304

Country

3. Mailing Address

1975 E. SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 729

City & State

FORT LAUDERDALE FL

Zip

33304

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3902480

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN A  
% CREATIVE LOGICS CORPORATION  
1975 E. SUNRISE BLVD., SUITE 722  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

WILLIAMS, JOHN A.

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

% CREATIVE LOGICS CORPORATION

1975 E. SUNRISE BLVD., SUITE 729

City

FORT LAUDERDALE

FL

Zip Code

33304

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

*John A. Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PVST	WILLIAMS, JOHN A	2825 N.E. 35TH ST.	FT. LAUDERDALE FL 33304	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PVST	WILLIAMS, JOHN A.	2825 N.E. 35TH ST.	FT. LAUDERDALE FL 33304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*John A. Williams, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

954-713-6363

Daytime Phone #

CR2E034 (9/99)