2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2001 8:00 am Secretary of State **DOCUMENT # G61767** 1. Entity Name CREATIVE FUNDING OF FLORIDA, INC. 03-28-2001 90201 033 ***150.00 Principal Place of Business Mailing Address 106 W. WINDHORST RD. 106 W. WINDHORST RD. 638018 104 BRANDON FL 33510 BRANDON FL 33510 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2331861 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTER, HENRY H. Street Address (P.O. Box Number is Not Acceptable) 106 W. WINDHORST RD. STE. 104 BRANDON FL 33510 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITI F CARTER, HENRY H. NAME NAME STREET ADDRESS STREET ADDRESS 106 W. WINDHORST RD., STE. 104 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** TITLE ☐ Delete TITLE ☐ Addition NAME CARTER, ANN R. NAME STREET ADDRESS STREET ADDRESS 2512 RICH MAR LANE CITY - ST - ZIP CITY-ST-ZIP BRANDON FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RYTARD. H Prov

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR