

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90250 036 ****50.00

DOCUMENT # L00000003708

1. Entity Name
CREATIVE IMAGING SOLUTIONS, L.C.



Principal Place of Business
**117 CRESTWOOD COURT SOUTH
SAFETY HARBOR FL 34695**

Mailing Address
**117 CRESTWOOD COURT SOUTH
SAFETY HARBOR FL 34695**

40016815



2. Principal Place of Business
P.O. Box 819
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 819
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor FL
Zip
34682-0819 Country
USA

City & State
Palm Harbor FL
Zip
34682-0819 Country
USA

4. FEI Number **59-3641490**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, CRIS
117 CRESTWOOD COURT SOUTH
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name **Daniels, Cris**
Street Address (P.O. Box Number is Not Acceptable)
3505 Shoreline Circle
City **Palm Harbor** FL Zip Code **34684**

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]** owner

DATE **1/20/2003**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DANIELS, CRIS**
STREET ADDRESS **117 CRESTWOOD CT. S.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **MGRM** ☐ Delete
NAME **DANIELS, ELLIE**
STREET ADDRESS **117 CRESTWOOD CT. S.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Daniels, Cris**
STREET ADDRESS **3505 Shoreline Circle**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Daniels, Ellie**
STREET ADDRESS **3505 Shoreline Circle**
CITY-ST-ZIP **Palm Harbor, FL 34684**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **1/20/2003** DAYTIME PHONE # **727 669 7423**

CR2E083 (10/02)