

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 003 ****50.00

DOCUMENT # L02000010710

1. Entity Name
CREATIVE TECHNOLOGY, LLC



Principal Place of Business

Mailing Address

**4016 HENDERSON BLVD.
TAMPA FL 33629**

**4016 HENDERSON BLVD.
TAMPA FL 33629**

90158598

2. Principal Place of Business

3. Mailing Address

1904 West Cass Street

1904 West Cass Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
90-0081270

☒ Applied For
☐ Not Applicable

Zip
33606

Country
USA

Zip
33606

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORLESS, THEODORE A ESQ.
CORLESS & ASSOCIATES, PLC
4016 HENDERSON BLVD.
TAMPA FL 33629**

Name
Corless, Theodore A. Esq.

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

Corless & Associates

1904 West Cass Street

City
TAMPA

FL

Zip Code
33606

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Marketing
Christine Corless
1904 W. Cass Street TAMPA, FL 33606

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Development
Keri Crawford
1904 West Cass Street TAMPA, FL 33606

☐ Delete

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

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

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 REQUIRED

Christine Corless 9/25/03

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

Date

Daytime Phone #

CR2E083 (4/03)