

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80059

1. Entity Name

CREATIVE MANAGEMENT SERVICES, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90128 005 ***158.75

00007996



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O LARRY W. KENNEDY P.O. BOX 608458 ORLANDO FL 32808 US	Mailing Address C/O LARRY W. KENNEDY P.O. BOX 608458 ORLANDO FL 32860-8458 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3012618	Applied For
		Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, LARRY W.
3872 NORTH LAKE ORLANDO PARKWAY
ORLANDO FL 32808

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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		1/12/01
Signature typed or printed name of registered agent and title if applicable.		DATE

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, 2001 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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEDY, LARRY W. 3872 N. LAKE ORLANDO PRK ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEDY, DOROTHY E. 3872 N. LAKE ORLANDO PRK ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:		1/12/01	407-290-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)