

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LA7 0000000781

1. Entity Name  
The Creative Solutions Group L.C.

FILED

01 APR -4 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3411 Lands End Drive Same  
St. Augustine FL 32084

2. Principal Place of Business 3. Mailing Address  
3411 Lands End Drive 3411 Lands End Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
St. Augustine, FL St. Augustine, FL  
Zip Country Zip Country  
32084 USA 32084 USA

4. FEI Number Applied For  
59-3466634 Not Applicable

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

6. Name and Address of Current Registered Agent  
Christine R. Smith  
344 Lands End Drive  
St. Augustine, FL 32084

7. Name and Address of New Registered Agent  
Name Nancy E.R. Hendrickson  
Street Address (P.O. Box Number is Not Acceptable)  
3411 Lands End Drive  
City St. Augustine FL Zip Code 32084

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 Nancy E.R. Hendrickson 4/02/01  
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 Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>member</u> <u>Steven J. Hendrickson</u> <u>3411 Lands End Drive</u> <u>St. Augustine, FL 32084</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>member</u> <u>Nancy E.R. Hendrickson</u> <u>3411 Lands End Drive</u> <u>St. Augustine, FL 32084</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>member</u> <u>Christine R. Smith</u> <u>3411 Lands End Drive</u> <u>St. Augustine, FL 32084</u>	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy E.R. Hendrickson 4/02/01 904 823-1184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)