

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014562 AF

DOCUMENT # L98000001769

1. Entity Name  
CREATIVE INTERNATIONAL SOLUTIONS L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business  
2386 FAIRSKIES DRIVE  
SPRINGHILL FL 34606

Mailing Address  
2386 FAIRSKIES DRIVE  
SPRINGHILL FL 34606-7259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3535079

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

MJH



## 6. Name and Address of Current Registered Agent

CLAGGETT, WILLIAM L  
2386 FAIRSKIES DR  
SPRINGHILL FL 34606

## 7. Name and Address of New Registered Agent

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

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

MGRM  
CLAGGETT, WILLIAM L  
2386 FAIRSKIES DR  
SPRINGHILL FL 34606

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
CLAGGETT, STUART L  
7707 GRALNICK PLACE  
SPRINGFIELD VA 22153

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
CLAGGETT, HEATHER A  
2386 FAIRSKIES DRIVE  
SPRINGHILL FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

800003103798--1  
-01/20/00--01019--018  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*10 Jan 00*