

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001769

1. Entity Name

CREATIVE INTERNATIONAL SOLUTIONS L.L.C.

**FILED**  
Jan 11, 2002 8:00 am  
Secretary of State

01-11-2002 90012 025 \*\*\*\*50.00

Principal Place of Business

2386 FAIRSKIES DRIVE  
SPRINGHILL FL 34606

Mailing Address

2386 FAIRSKIES DRIVE  
SPRINGHILL FL 34606

902428



DO NOT WRITE IN THIS SPACE

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

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CLAGGETT, WILLIAM L  
STREET ADDRESS 2386 FAIRSKIES DR  
CITY-ST-ZIP SPRINGHILL FL 34606

TITLE MGRM ☐ Delete  
NAME CLAGGETT, STUART L  
STREET ADDRESS 7707 GRALNICK PLACE  
CITY-ST-ZIP SPRINGFIELD VA 22153

TITLE MGRM ☐ Delete  
NAME CLAGGETT, HEATHER A  
STREET ADDRESS 2386 FAIRSKIES DRIVE  
CITY-ST-ZIP SPRINGHILL FL

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 ☐ 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  
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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:

*WILLIAM L. CLAGGETT* 8 Jan 02 3526844319

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

Date

Daytime Phone #

CR2E083 (9/01)