

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90342 035 \*\*\*150.00

**DOCUMENT #** P00000025899  
**1. Entity Name**  
CREATIVE SOLUTIONS OF CENTRAL FLORIDA, INC ✓

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2582 S. MAGUIRE ROAD		<b>3. Mailing Address</b> 2582 S. MAGUIRE ROAD	
Suite, Apt. #, etc. #141		Suite, Apt. #, etc. #141	
City & State OCOE, FL		City & State OCOE, FL	
Zip 34761	Country USA	Zip 34761	Country USA

DO NOT WRITE IN THIS SPACE 80131814

<b>4. FE Number</b> 509-3701674	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> STARR V. RICH	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 13234 SUBURBAN TERRACE	
<b>City</b> WINTER GARDEN	<b>FL Zip Code</b> 34787

**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

<b>9.</b> This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT ROBERT C. ENG 2582 S. MAGUIRE RD, #141 OCOE, FL 34761	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

**13.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  ROBERT C. ENG **7/16/02** **407-877-7650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)