

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1'

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90028 036 \*\*\*158.75

**DOCUMENT # P00000053278**

1. Entity Name

**CREATIVE SERVICES OF NASSAU, INC.**

Principal Place of Business

Mailing Address

4380 36TH STREET  
 ORLANDO FL 32811

4380 36TH STREET  
 ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

59-3663-909

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KAREN M  
 4380 36TH STREET  
 ORLANDO FL 32811

Name *Karen M. Johnson*

Street Address (P.O. Box Number is Not Acceptable)

*11206 Crescent Bay Blvd*

City *Clermont*

FL

Zip Code *32711*

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

*Karen M. Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KAREN	
STREET ADDRESS	4380 36TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, Treas., Sec.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen M. Johnson	
STREET ADDRESS	4380 36TH STREET	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/01 407-648-1133*

Date

Daytime Phone #

CR2E034 (10/00)