

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90439 004 ***150.00

DOCUMENT # P00000115475

1. Entity Name

CREATIVE TECHNOLOGY SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 Holly Branch Rd

3. Mailing Address

4601 Holly Branch Rd

Suite, Apt. #, etc.

#806

Suite, Apt. #, etc.

#806

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

US

Zip

32811

Country

US

4. FEI Number

593692693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vannetta Patterson

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

4601 Holly Branch Rd. #806

City

Orlando

FL

Zip Code
32811

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

STREET ADDRESS
CITY- ST- ZIP

Ms.
Vannetta Patterson
4601 Holly Branch Rd. #806
Orlando, FL 32811

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

Mr.
Donald Robinson
4601 Holly Branch Rd. #806
Orlando, FL 32811

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

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CITY- ST- ZIP

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CITY- ST- ZIP

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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:

Vannetta Patterson Vannetta Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

407-481-8983

Daytime Phone

CR2E034B (12/01)