2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # P01000081577 05-23-2002 90095 023 ***150.00 CREATIVE INVESTMENTS PROFESSIONAL ASSOCIATES, IN Mailing Address Principal Place of Business 111 W OLYMPIA AVE 111- W OLYMPIA AVE **PUNTA GORDA FL 33950** PUNTA GORDA FL 33950 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1131956 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEW, JAMES R Street Address (P.O. Box Number is Not Acceptable) 22212 MONTROSE AVE PORT CHARLOTTE FL 33952 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition Change ☐ Delete TITLE TITLE PSD NAME MARSHALL, PAUL G NAME STREET ADDRESS STREET ADDRESS 111 W OLYMPIA AVE CITY-ST-ZIP **PUNTA GORDA FL 33952** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE VTD NAME NAME MATTHEW, JAMES R STREET ADDRESS STREET ADDRESS 22212 MONTROSE AVE CITY ST-7IP ~ CITY-ST-ZiP - S PORT CHARLOTTE FL 33952 Change ☐ Delete TITLE PHILLIP & MARSHAU #3305 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED

941-639-1100