# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 31, 2002 8:00 am**
**Secretary of State**
07-16-2002 90368 047 ***550.00

DOCUMENT #   P01000091506

**1. Entity Name**
CREATIVE HOMEBUYERS SERVICES, INC.

✓

- 40248

| Principal Place of Business | Mailing Address |
|---|---|
| 5815 GUENEVERE CT.<br>ST. CLOUD FL 34772 | 5815 GUENEVERE CT.<br>ST. CLOUD FL 34772 |

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**
4069 13TH ST
Suite, Apt. #, etc.
301
City & State
St. Cloud, FL
Zip 34769  Country OSCEOLA

**3. Mailing Address**
4069 13th ST
Suite, Apt. #, etc.
301
City & State
St. Cloud, FL
Zip 34769  Country OSCEOLA

**4. FEI Number**
13-6446374

☐ Applied For
☐ Not Applicable

**5. Certificate of Status Desired** ☐  **$8.75** Additional Fee Required

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

CALAWAY, DOUGLAS D
5815 GUENEVERE CT.
ST. CLOUD FL 34772

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _Douglas Calaway_   DOUGLAS CALAWAY   7/10/02
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 $550.00**
After September 13, 2002 Fee will be $750.00
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

| | | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---|---|---|---|---|
| TITLE P<br>NAME CALAWAY, DOUGLAS D<br>STREET ADDRESS 5815 GUENEVERE CT.<br>CITY-ST-ZIP ST. CLOUD FL 34772 | ☐ Delete | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE V<br>NAME CALAWAY, MARY S<br>STREET ADDRESS 5815 GUENEVERE CT.<br>CITY-ST-ZIP ST. CLOUD FL 34772 | ☐ Delete | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE V<br>NAME CALAWAY, JOHN D<br>STREET ADDRESS 5815 GUENEVERE CT.<br>CITY-ST-ZIP ST. CLOUD FL 34772 | ☐ Delete | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
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CR2E034 (4/02)

**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: _Douglas Calaway_ SIGNATURE REQUIRED DOUGLAS CALAWAY   7/10/02   321-624-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #