

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-01-2003 90286 028 ***150.00

DOCUMENT # P02000031675

1. Entity Name
CREATIVE REAL ESTATE SOLUTIONS, INC.



Principal Place of Business
**2245 MCMULLEN BOOTH ROAD
CLEARWATER FL 33759**

Mailing Address
**2245 MCMULLEN BOOTH ROAD
CLEARWATER FL 33759**

55048465

2. Principal Place of Business
2330 KINGS POINT DR
Suite, Apt. #, etc.

3. Mailing Address
2330 KINGS POINT DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LARGO FL

City & State
LARGO FL

Zip
33774 Country
USA

Zip
33774 Country
USA

4. FEI Number
04-3744554

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BERKEL, BOYCE N
2245 MCMULLEN BOOTH ROAD
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent
Name
BERKEL, BOYCE N
Street Address (P.O. Box Number is Not Acceptable)
2330 KINGS POINT DR
LARGO FL 33774
City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKEL, BOYCE N 2245 MCMULLEN BOOTH ROAD CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKEL, BOYCE N 2330 KINGS POINT DRIVE LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BERKEL, BOYCE N** **BOYCE N. BERKEL, MD** 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
727-595-6204

CR2E034 (10/02)