

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 029 ***150.00

DOCUMENT # P02000074012

1. Entity Name
CREATIVE SOLUTIONS CONSULTING CORP.



Principal Place of Business
3208-C E. COLONIAL DR.
#107
ORLANDO, FL 32803

Mailing Address
3208-C E. COLONIAL DR.
#107
ORLANDO, FL 32803

10062871

2. Principal Place of Business

3956 TOWNCENTER BLVD

3. Mailing Address

3956 TOWNCENTER BLVD

Suite, Apt. #, etc.

#292

Suite, Apt. #, etc.

#292

☒ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

27-0023940

Applied For

Not Applicable

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, MANUEL
3208-C E. COLONIAL DR.
#107
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

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

3956 TOWNCENTER BLVD

#292

City

ORLANDO

FL

Zip Code
32837

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

Manuel Sierra

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

(NOTE: Registered Agent signature required when reinstating)

3/31/03

DATE

FILE NOV 11, 2003 FEE IS \$150.00

After May 1, 2003, fee will be \$350.00

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	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☒ Addition
NAME	PRESIDENT
STREET ADDRESS	MANUEL SIERRA
CITY-ST-ZIP	3956 TOWNCENTER BLVD #292
	ORLANDO, FL 32837
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Manuel Sierra **MANUEL SIERRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

(407) 230-6128

Daytime Phone #

CR2E034 (10/02)