

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/4/

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-04-2003 90140 045 ***558.75

DOCUMENT # P02000094918

1. Entity Name
CREATIVE COMPUTER SOLUTIONS, INC.



Principal Place of Business
**3029 A REYNOLDS RD
LAKELAND FL 33803**

Mailing Address
**3029 A REYNOLDS RD
LAKELAND FL 33803**

55055399

2. Principal Place of Business
7342 W Grover Cleveland Blvd

3. Mailing Address
P O Box 820

Suite, Apt. #, etc.
Homosassa, FL
City & State

Suite, Apt. #, etc.
Homosassa Springs, FL
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
81-0629804

Applied For
☐ Not Applicable

Zip
34446

Country
USA

Zip
34447

Country
USA

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

6. Name and Address of Current Registered Agent

**HERIG, ROBERT C JR
3029 A REYNOLDS RD
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

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

7342 W Grover Cleveland Blvd

City

Homosassa

FL

Zip Code
34446

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 *Robert C Jr. Herig Jr.* **Herig Jr., Robert C**

8-01-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **P** ☐ Delete
NAME **HERIG, ROBERT C JR**
STREET ADDRESS **3227 STONEWATER DR.**
CITY-ST-ZIP **LAKELAND FL 33803**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 I am empowered.

SIGNATURE *Robert C Jr. Herig Jr.* **Herig Jr., Robert C**

08-01-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)