

2005 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-25-2005 90270 012 ***100.50
 05-31-2005 90007 014 ****49.50

DOCUMENT # P03000014415				4/	
1. Entity Name Creative Counseling Services, Inc.					
Principal Place of Business 8119 Cleary Blvd #1113 Plantation FL 33324			Mailing Address Same		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0161727	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Pastor, Andrew E Esq. 11380 Prosperity Farms Rd. Ste 10 Palm Beach Gardens, FL 33410			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.					
SIGNATURE _____ 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. ☐			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 NAME STREET ADDRESS CITY-ST-ZIP	P Craft, Suzanne 8119 Cleary Blvd #1113 Plantation FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 either like empowered.					
SIGNATURE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (11/00)