2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 20, 2003 8:00 am Secretary of State P94000082536 DOCUMENT # 1. Entity Name 03-20-2003 90118 046 ***150.00 CREATIVE SALES & MARKETING, INC. Principal Place of Business Mailing Address 13391 RUDI LOOP 13391 RUDI LOOP SPRING HILL FL 34609 SPRING HILL FL 34609 US 2. Principal Place of Business 3. Mailing Address 3375 Blue fi 3375 Bluefish Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Hernand 59-3281966 Applied For ter windo Beach Not Applicable <u>34607</u> \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent BRAULT, ELIZABETH L Street Address (P.O. Box Number is Not Acceptable) 13391 RUDI LOOP SPRINGHILL FL 34609 3375 Blue Rish 18. 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 Hernando Beach (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE BRAULT, ROBERT M NAME Change ☐ Addition NAME STREET ADDRESS 13391 RUDI LOOP 3375 Bluefish Donné STREET ADDRESS CITY-ST-ZIP SPRING HILL FL CITY-ST-ZIP Hanando Bach FL 34607 TITLE ☐ Delete TITLE Treasurer NAME Elizabeth L Brault NAME STREET ADDRESS STREET ADDRESS 3375 Blue fish Drive CITY-ST-ZIP CITY-ST-ZIP Hernando Beach FL 34607 ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP I hereby certify that the information supplied with this filling 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 of supplier entail 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 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 apdress with all other like empowered

FILED