

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083989

1. Entity Name

CREATIVE LOGIC, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90167 007 ***150.00

Principal Place of Business

9715 RIDGE TRACE
DAVIE FL 33328

Mailing Address

9715 RIDGE TRACE
DAVIE FL 33328-7155

2. Principal Place of Business

3. Mailing Address

9715 RIDGE TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

Zip

Country

Zip

Country

33328

4. FEI Number

65-0620699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILDER, DERICK
10073 N.W. 5TH ST.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

WILDER, DERICK

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

9715 RIDGE TRACE

City

DAVIE

FL

Zip Code

33328

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS WILDER, DERICK
CITY-ST-ZIP 9715 RIDGE TRACE
DAVIE FL 33328

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

12. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DERICK D. WILDER

04/30/00

(954) 474-3379

Date

Daytime Phone #

CR2E034 (9/99)