

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

011170

DOCUMENT # P96000051482

1. Entity Name

CREATIVE COMMUNICATION SOLUTIONS, INC.

05-16-2001 90201 005 ***150.00

Principal Place of Business

3850 NW 94TH AVE
 HOLLYWOOD FL 33024
 US

Mailing Address

3850 NW 94TH AVE
 HOLLYWOOD FL 33024
 US

657296



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1270 N. WICKHAM RD.

1270 N. WICKHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 16 #126

STE 16 #126

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Country

Zip

Country

32935

USA

32935

USA

4. FEI Number 54-1807997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, DEE ANN
 3850 NW 94TH AVENUE
 HOLLYWOOD FL 33024

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARR, SHAWN M 3850 NW 94TH AVE HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAWN M. BARR 1270 N. WICKHAM RD. STE 16 #126 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

Date

321-722-9381

Daytime Phone #

CR2E034 (10/00)