2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000095707** Feb 01, 2000 8:00 am Secretary of State CREATIVE HORIZONS FINANCIAL, INC. 02-01-2000 90016 004 ***158.75 Principal Place of Business Mailing Address 4014 GUNN HIGHWAY 4014 GUNN HIGHWAY TAMPA FL 33624-4786 **TAMPA FL 33624** US 2. Principal Place of Business 3820 Gun 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3411834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent FERRELL, HERBERT L .Street Address (P.O. 4014 GUNN HIGHWAY SUITE 275 TAMPA FL 33624 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ed when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PO Change ☐ Addition TITLE Delete TITLE FERRELL, HERBERT L. NAME NAME STREET ADDRESS 14906 GREELEY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625 VPO** ☐ Change ☐ Addition TITLE TITLE MALECKI, JOHN F. NAME NAME 4014 GUNN HIGHWAY SUITE 275 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 changed, or on an attachment with an address, with all of ter like empowered.

NG OFFICER OR DIRECTOR