

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90298 044 ***150.00

DOCUMENT # P97000017794

1. Entity Name
CREATIVE GROUNDSKEEPING, INC.

Principal Place of Business

1115 S. MILLS AVE
 ORLANDO FL 32806

Mailing Address

1115 S. MILLS AVE
 ORLANDO FL 32806

2. Principal Place of Business

2200 FORSYTH ROAD

3. Mailing Address

2200 FORSYTH ROAD

Suite, Apt. #, etc.

SUITE A-15

Suite, Apt. #, etc.

SUITE A-15

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32807

Country

US

Zip

32807

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, CRISTI J.
1115 S. MILLS AVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name **CRISTI J. COCHRAN**

Street Address (P.O. Box Number is Not Acceptable)
1801 ANTIEVA DRIVE

City **ORLANDO** **FL** Zip Code **32806**

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 _____ (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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	COCHRAN, CRISTI J	
STREET ADDRESS	1115 S. MILLS AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHALENE ESTES	
STREET ADDRESS	2345 STONE ABBEY BLVD	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, CRISTI J	
STREET ADDRESS	1801 ANTIEVA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHALENE ESTES	
STREET ADDRESS	2345 STONE ABBEY ROAD	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2002 4073121536
 Date Daytime Phone #

0008744 AV

CR2E034 (9/01)