

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000017794**

1. Entity Name
CREATIVE GROUNDSKEEPING, INC.



Principal Place of Business
**2200 FORSYTH ROAD
SUITE A-15
ORLANDO FL 32807**

Mailing Address
**2200 FORSYTH ROAD
SUITE A-15
ORLANDO FL 32807**

2. Principal Place of Business
**1000 S. Semoran Blvd
Suite, Apt. #, etc.
808**

3. Mailing Address
PO Box 1432

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State
Winter Park FL

Zip **32792** Country **USA**

Zip **32790** Country **USA**

6. Name and Address of Current Registered Agent

**COCHRAN, CRISTI J.
1801 ANTIEU DRIVE
ORLANDO FL 32806**

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **CRISTI J. COCHRAN**
Street Address (P.O. Box Number is Not Acceptable)
1000 S Semoran Blvd # 808

City **Winter Park** FL **32792** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-25-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD COCHRAN, CRISTI J 1801 ANTIEU DRIVE ORLANDO FL 32806 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CRISTI J. COCHRAN 1000 S Semoran Blvd # 808 Winter Park FL 32792 | <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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12. 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 10 or Block 11 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

4-25-03

4075995688

Date

Daytime Phone #

0198574
AV

**FILED
Apr 28, 2003 8:00 am
Secretary of State**

04-28-2003 90325 046 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)