

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000059630

FILED
Jan 07, 2002
Secretary of State

Entity Name: CREATIVE DATA MANAGEMENT, INC.

Current Principal Place of Business:

478 EAST ALTAMONTE DRIVE
SUITE 108-308
ALTAMONTE SPRINGS, FL 327014615

New Principal Place of Business:

Current Mailing Address:

478 EAST ALTAMONTE DRIVE
SUITE 108-308
ALTAMONTE SPRINGS, FL 327014615

New Mailing Address:

FEI Number: 59-3457107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYCAK, ANDY
320 HERMITAGE DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

KALICAK, ANDY
320 HERMITAGE DRIVE
ALTAMONTE SPRINGS, FL 32701 US

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: ANDY KALICAK

01/07/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WALTZ, RICHARD F
Address: 79 ROCKLAND STREET
City-St-Zip: SOUTH DARTMOUTH, MA 027483516

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: KALICAK, ANDY
Address: 320 HERMITAGE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 327016206

Title: VP () Change (X) Addition
Name: WALTZ, RICHARD F
Address: 79 ROCKLAND STREET
City-St-Zip: SOUTH DARTMOUTH, MA 027483516

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY KALICAK

PSTD

01/07/2002

Electronic Signature of Signing Officer or Director

Date