

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90043 016 \*\*\*150.00

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DOCUMENT # P97000061867

1. Entity Name

CREATECH, INC.

Principal Place of Business

200-A JOHN KNOX RD.  
TALLAHASSEE FL 32303

Mailing Address

200-A JOHN KNOX RD.  
TALLAHASSEE FL 32303

044025

2. Principal Place of Business

4782, ORCHARD LANE

3. Mailing Address

4782, ORCHARD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

U.S.A.

Zip

33445

Country

U.S.A.

4. FEI Number

65-0784596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOLEY, WOLFE S CPB  
200-A JOHN KNOX RD.  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

N/A

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.

N/A

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 \$50.00

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 NAME STREET ADDRESS CITY-ST-ZIP  
P REDDY, DRONNADULA V 4782 ORCHARD LN DELRAY BEACH FL 3445 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
S PUTCHA, PUNYA V 3432 WELWYN WAY TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:

Dronnadula V. Reddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)