2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P98000026060** 1. Entity Name CREATIVE SALES GROUP, INC. 04-13-2000 90019 014 ***158.75 Principal Place of Business Mailing Address 962 NORTHLAKE BOULEVARD 962 NORTHLAKE BOULEVARD SUITE 200 SUITE 200 LAKE PARK FL 33403-2001 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address 2930 Okeechobee Blud 1098 Johnnie DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. B-3 City & State Nr. Pleasant, SC Applied For City & State 4. FEI Number 65-0822616 w. Palm Bea Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33409 29464 Brach Fee Required Charlestor 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HABERMAN, PHIL Street Address (P.O. Box Number is Not Acceptable) 2930 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PD TITLE TITLE Delete Charles A. Frey dds Blud. B-3 NAME FREY, CHARLES A NAME STREET ADDRESS STREET ADDRESS 962 NORTHLAKE BOULEVARD mt. Pleasant, SC 29464 CITY-ST-ZIP CITY-ST-7IP LAKE PARK FL 33403 Change SVTD ■ Addition Delete TITLE Philip S. Haberman 2930 Okecchobee Blud. HABERMAN, PHILIP S NAME NAME STREET ADDRESS STREET ADDRESS 962 NORTHLAKE BOULEVARD w. Palm Beach, FL 33409 CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 31717 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Change

☐ Addition

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DISTORTED NAME OF SIGNIN