

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90098 008 ***150.00

DOCUMENT # P98000037960
Entity Name
CREATIVE ONE, INC.

Principal Place of Business Mailing Address
301 N. Cattlemen Rd. same
Suite 102
Sarasota, FL 34232

00044420

Principal Place of Business 3. Mailing Address
~~XXXXXXXXXXXX~~ same SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
~~XXXXXXXXXX~~
Zip Country Zip Country
~~XXXX~~
6. Name and Address of Current Registered Agent

4. FEI Number Applied For
65-0868054 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

KOLBE, TODD A.
~~XXXXXXXXXXXX~~ 301 N. Cattlemen Rd.
~~SARASOTA, FL 34232~~ Suite 102
Sarasota, FL 34232

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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, 2000 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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	301 N. Cattlemen Rd.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kolbe, Todd A.	
STREET ADDRESS	301 N. Cattlemen Rd. Suite 102	
CITY-ST-ZIP	Sarasota, FL 34232	
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	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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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		

3. 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 live empowered.

SIGNATURE: 4-21-00 (941) 342-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)