

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90365 025 \*\*\*150.00

**DOCUMENT # P98000067909**

1. Entity Name

CREATIVISION, INC.

Principal Place of Business

2240 PALM BEACH LAKES BOULEVARD  
 SUITE 100  
 WEST PALM BEACH FL 33409-3403

Mailing Address

2240 PALM BEACH LAKES BOULEVARD  
 SUITE 100  
 WEST PALM BEACH FL 33409

2. Principal Place of Business

4110 CLUBSIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4110 CLUBSIDE DRIVE

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Longwood, Florida

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

65-0898882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MAHLBACHER, TIMOTHY F  
 2240 PALM BEACH LAKES BOULEVARD  
 SUITE 100  
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

MAHLBACHER, TIMOTHY F

Street Address (P.O. Box Number is Not Acceptable)

4110 CLUBSIDE DRIVE

City

Longwood

FL

Zip Code

32779

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

*Timothy F. Mahlbacher*

7/10/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME PST  
 STREET ADDRESS MAHLBACHER, TIMOTHY F  
 CITY-ST-ZIP 349 OSBORNE DR  
 PALM SPRINGS FL 33461

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Timothy F. Mahlbacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 407 862  
 9423

CR2E034 (4/02)

Attachment P98000067909  
121275

To whom it may concern,

I did not receive a prior notification of  
Renual prior to receiving this "Uniform Business  
Report" that has a penalty of \$550.00  
Attached as payment due.

Upon talking to a representative from  
"Uniform business", I was instructed to  
compose this letter.

Please wave the extra fees &  
find my check for \$150,00 to return  
my company's "INC" STATUS

Sincerely,

J. M. H. [unclear]