

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073671

1. Entity Name

CREATIVE INTEGRATED SERVICES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90090 015 \*\*\*150.00

Principal Place of Business Mailing Address  
 501 KNIGHTS RUN AVE PO BOX 1792  
~~#5101~~ 2219 TAMPA FL 33601-1792  
 TAMPA FL 33602 US  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3531427** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKOS, CYNTHIA A ESQ.  
 205 N PARSONS AVE  
 BRANDON FL 33510

Name  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPVT	<input checked="" type="checkbox"/> Delete
NAME	TODD, CEEBEE	
STREET ADDRESS	501 KNIGHTS RUN AVE #5101 #2219	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TODD, CEEBEE	
STREET ADDRESS	501 KNIGHTS RUN AVE #5101 #2219	
CITY-ST-ZIP	TAMPA FL 33602	
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		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Love, Thomas D	
STREET ADDRESS	8065 Ridgeway Circle West	
CITY-ST-ZIP	Lakeland FL 33809	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodach, Richard R MD	
STREET ADDRESS	1225 Cypress Point Ecot Rd.	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grant, Yvonne ARNP	
STREET ADDRESS	8065 Ridgeway Circle West	
CITY-ST-ZIP	Lakeland FL 33809	
TITLE	CDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd, CeeBee ARNP	
STREET ADDRESS	501 Knights Run Ave # 2219	
CITY-ST-ZIP	Tpa FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd, CeeBee ARNP	
STREET ADDRESS	501 Knights Run Ave # 2219	
CITY-ST-ZIP	Tpa FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: S@meBee 4-19-2000 813-221-2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #