## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000073671

Entity Name: CREATIVE INTEGRATED SERVICES, INC.

FILED Apr 08, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 601 CHANNELSIDE WALK WAY 16209 LAKEHEAD COURT #1437 TAMPA, FL 33618 TAMPA, FL 33602 **New Mailing Address: Current Mailing Address:** PO BOX 1792 TAMPA, FL 33601 US FEI Number: 59-3531427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIKOS, CYNTHIA A ESQ. 205 N PARSONS AVE BRANDON, FL 33510 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **CPVS** () Delete Title: **CPVS** (X) Change ( ) Addition Name: TODD, CEEBEE Name: TODD, CEEBEE 601 CHANNELSIDE WALK WAY # 1437 16209 LAKEHEAD COURT Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33618 14 Title: Title: () Delete () Change () Addition Name: LOVE, THOMAS D Name: 8065 RIDGEGLEN CIRCLE W Address: Address: LAKELAND, FL 33809 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition RODACHA, RICHARD F MD Name: Name: 1225 CYPRESS POINT EAST RD Address Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GRANT, YVONNE A Name: Name: 8065 RIDGEGLEN CIRCLE WEST Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEEBEE TODD CPVD 04/08/2002