UNIFORM BUSINESS REPORT (UBR) P99000010320

2003 FOR PROFIT CORPORATION

Mailing Address

SUITE D

4243 NORTHLAKE BLVD.

DOCUMENT # 1. Entity Name

Principal Place of Business

4243 NORTHLAKE BLVD.

SUITE D

CREATIVE CHOICE GEORGIA II, INC.



PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL 33410				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0892819 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	l	7. Name and Address of New Registered Agent		
BAROT, DILIP 4243 NORTHLAKE BLVD.			Name Street Add			
SUITE D						
PALM BEACH GARDENS FL 33410			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. I am familiar with, and accept the obligations of registered agent.						
the congulation of registrote agent.						
SIGNATURE						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature	re required when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00	1		9. Election Campaign Financing \$5.00 May Re		
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
TITLE	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	BAROT, DILIP	☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS	4243 NORTHLAKE BLVD. STE D		STREET ADDRESS	\mathcal{L}		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	0	CITY-ST-ZIP	1 611		
TITLE	TP	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BAROT, DILIP		NAME	- Judanion		
STREET ADDRESS	4243 NORTHLAKE BLVD ST D		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	0	CITY-ST-ZIP			
TITLE	SVP	☐ Delete	TITLE	\$000132756101@Ange □ Addition 02/28/0301057014 **158,75		
NAME	WEIR, JOHN F		NAME	02/28/0301057014 **158.75		
STREET ADDRESS	4243 NORTHLAKE BLVD	_	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	0	CITY-ST-ZIP			
TITLE	VP	Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS	WHEAT, TIMOTHY P		NAME			
CITY-SI-ZIP	4243 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410	n	STREET ADDRESS CITY-ST-ZIP			
TITLE '	S	□ Delete				
NAME .	KAKKAR, YASH PAL	□ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET; ADDRESS	4243 NORTHLAKE BLVD		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410)	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE .	☐ Change ☐ Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						

SIGNATURE:

7 1/29/03

(561) 627-7988

Date

Daytime Phone #