

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90011 004 \*\*\*150.00

**DOCUMENT # P99000017477**

1. Entity Name  
**CREATIVE CONSULTANTS OF AMERICA, INC.**

Principal Place of Business  
**8800 STRIKE LANE**  
**BONITA SPRINGS FL 34135**

Mailing Address  
**8800 STRIKE LANE**  
**BONITA SPRINGS FL 34135**



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 **59-3563617**

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

**MERRICK, WILLIAM C**  
**8800 STRIKE LANE**  
**BONITA SPRINGS FL 34135**

Name **Gary Ciniello**  
 Street Address (P.O. Box Number is Not Acceptable)

**21559 Brixham Run Loop**  
 City **Estero** **FL** Zip Code **33928**

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 **Gary Ciniello**  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1-21-02**

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, 2002 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 **PD** ☒ Delete  
 NAME **MERRICK, WILLIAM C**  
 STREET ADDRESS **12 ROBINWOOD DRIVE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Gary Ciniello**  
 STREET ADDRESS **21559 Brixham Run Loop**  
 CITY-ST-ZIP **Estero FL 33928**

TITLE **VPD** ☒ Delete  
 NAME **CINIELLO, GARY R**  
 STREET ADDRESS **690 JAMESTOWN BLVD. #1250**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: **Gary Ciniello**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-21-02**

DATE AND PHONE #

CR2F034 (9/01)