

2000 UNIFORM BUSINESS REPORT (UBR)

5/12/00-

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-12-2000 90860 040 ***150.00

DOCUMENT # **P99000030528**
 Entity Name
CREATIVE INTELLIGENCE ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~34750 US HWY. 19 NORTH~~
~~PALM HARBOR FL 34684~~
34750 US HWY. 19 NORTH
PALM HARBOR FL 34684-2120



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
3444 East Lake Rd #408 **3444 Eastlake Rd**
 Suite, Apt. #, etc. **408** Suite, Apt. #, etc. **#408**
 City & State **Palm Harbor FL** City & State **Palm Harbor FL**
 Zip **34685** Country **USA** Zip **34685** Country **USA**

4. FEI Number **59-3592222** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DELPORTE, G. ANDRE
34750 US HWY. 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable) **3444 East Lake Rd**
#408
 City **Palm Harbor** FL Zip Code **34685**

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 **G. ANDRE DELPORTE** **4-25-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOT required for New Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
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

OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/> | PRES. / Sec. G. Andre Delporte 3444 East Lake Rd #408 Palm Harbor, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/> | PRESIDENT G. ANDRE DELPORTE 3444 EAST LAKE RD. #408 PALM HARBOR, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/> | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> | |

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: **G. Andre Delporte (pres.)** **4/25/00** **727-773-1550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)