2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or to changed, or on an attachment with a

May 12, 2002 8:00 am Secretary of State P99000030528 DOCUMENT # 1. Entity Name CREATIVE INTELLIGENCE ASSOCIATES, INC. 05-12-2002 90551 005 ***150.00 Principal Place of Business Mailing Address 3444 EAST LAKE RD 3444 EAST LAKE RD PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3592222 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELPORTE, G. ANDRE Street Address (P.O. Box Number is Not Acceptable) 3444 EAST LAKE RD 408 PALM HARBOR FL 34685 City Zip Code 8. The above named entity submits this statement for the purpose of cha egistered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete ☐ Change DELPORTE, ANDRE G NAME NAME 3444 EAST LAKE RD. #408 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-7IP CITY-ST-ZIP TITLE, ? Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ... 🔲 . Delete . TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information su indicated on this report or supplement

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