

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/11/00-90019-006-\$150.00-\$150.00

**DOCUMENT # P99000036693**

1. Entity Name

**CREATIVE BUSINESS SOLUTIONS OF TALLAHASSEE, INC.**

FILED

00 MAR 16 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |
|---|--|
| Principal Place of Business<br>1355 MARKET ST., A-3<br>TALLAHASSEE FL 32312 | Mailing Address<br>1355 MARKET ST., A-3<br>TALLAHASSEE FL 32312-1753 |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>8101 Archer Circle</b><br>Suite, Apt. #, etc. |
|---|--|

|                                 |                                 |   |  |
|---------------------------------|---------------------------------|---|--|
| City & State<br><b>Tall, FL</b> | City & State<br><b>Tall, FL</b> | 4. FEI Number<br><b>39-3577901</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32308</b>             | Country<br><b>Leon</b>          | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCallister, W. Kim**  
**8101 Archer Circle**  
**Tallahassee FL 32308**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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**

| 11. OFFICERS AND DIRECTORS                 |                                   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|--|-----------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE<br><b>PD</b>                         | NAME<br><b>MCallister, W. Kim</b> | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>8101 ARCHER CIRLE</b> |                                   |                                 | NAME  |                                 |                                   |
| CITY-ST-ZIP<br><b>TALLAHASSEE FL 32308</b> |                                   |                                 | STREET ADDRESS  |                                 |                                   |
| TITLE                                      | NAME                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS                             | <b>VSTO</b>                       |                                 | NAME  |                                 |                                   |
| CITY-ST-ZIP                                | <b>MCallister, Sherrie L</b>      |                                 | STREET ADDRESS  |                                 |                                   |
|  | <b>8101 ARCHER CIRCLE</b>         |                                 | CITY-ST-ZIP   |                                 |                                   |
|  | <b>TALLAHASSEE FL 32308</b>       |                                 |   |                                 |                                   |
| TITLE                                      | NAME                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS                             |                                   |                                 | NAME  |                                 |                                   |
| CITY-ST-ZIP                                |                                   |                                 | STREET ADDRESS  |                                 |                                   |
|  |                                   |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                                      | NAME                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS                             |                                   |                                 | NAME  |                                 |                                   |
| CITY-ST-ZIP                                |                                   |                                 | STREET ADDRESS  |                                 |                                   |
|  |                                   |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                                      | NAME                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS                             |                                   |                                 | NAME  |                                 |                                   |
| CITY-ST-ZIP                                |                                   |                                 | 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:

*Sherrie McAllister* *Sherrie McAllister* **2/16/00** **850 942-715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #