

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000043284**

FILED
Jul 26, 2000 8:00 am
Secretary of State
 07-26-2000 90019 009 ***150.00

1. Entity Name **Creative Internet Services, Inc.**
 Principal Place of Business **21301 Rustic Lodge Lane**
Land O Lakes, Florida
34639

2. Principal Place of Business **1903 Brinson Rd.**
 Suite, Apt. #, etc. **S-11**
 City & State **Lutz, Florida**
 Zip **33549** Country **US**

3. Mailing Address **PO Box 831**
 Suite, Apt. #, etc.
 City & State **Land O Lakes, Florida**
 Zip **34639** Country **US**

4. FEI Number **59-3580150**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
David M. Bigarel
21301 Rustic Lodge Lane
Land O Lakes, Florida
34639

7. Name and Address of New Registered Agent
 Name **David M. Bigarel**
 Street Address (P.O. Box Number is Not Acceptable) **1903 Brinson Rd.**
S-11
 City **Lutz, FL** Zip Code **33549**

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 **David M. Bigarel** **David M. Bigarel** **July 21, 2000**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon 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		<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	David M. Bigarel	
STREET ADDRESS			STREET ADDRESS	1903 Brinson Rd, Lutz, FL	
CITY-ST-ZIP			CITY-ST-ZIP	33549	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	David M. Bigarel	
STREET ADDRESS			STREET ADDRESS	1903 Brinson Rd, Lutz, FL	
CITY-ST-ZIP			CITY-ST-ZIP	33549	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **David M. Bigarel** **David M. Bigarel** **7/21/00** **813 947-9464**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

Creative Internet Services, Inc.

David M. Bigarel

President

P O Box 831

Land O' Lakes, Florida 34639

Phone: (813) 949-9464

FAX: (707) 222-7648

webmasterx@email.com

To Whom it may concern;
I contacted your office because I
did not get any notice by mail. I
was told to send this UBR and \$150.⁰⁰
for the fee.

David Bigarel
David M. Bigarel
7/21/00