

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066203

1. Entity Name

CREATIVE BUSINESS SOLUTIONS & CONCEPTS, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90049 022 \*\*\*158.75

Principal Place of Business

Mailing Address

7245 BROADMOOR DR., #16  
NEW PORT RICHEY FL 34653

7245 BROADMOOR DR., #16  
NEW PORT RICHEY FL 34653-4984

000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

455 ALT. 19 So.

Po box 1804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# P-266

City & State

City & State

Palm Harbor FL.

Tarpon Springs FL.

Zip

Country

Zip

Country

34683

U.S.

34688

U.S.

4. FEI Number

Applied For

59.360 8265

Not Applicable

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

WEISS, DAVID

7245 BROADMOOR DR., #16  
NEW PORT RICHEY FL 34653

Name

DAVID WEISS

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

City

Palm Harbor

FL

Zip Code

34683

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 of David M. Weiss)* (DAVID M. WEISS) President

3.15.00

(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 ☐ Delete  
NAME D  
STREET ADDRESS WEISS, DAVID  
CITY-ST-ZIP 7245 BROADMOOR DR., #16  
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

*(Signature of David M. Weiss)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #