

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067736

1. Entity Name

CREATIVE CONSULTING SERVICES OF CENTRAL FLORIDA,

Principal Place of Business

120 UNIVERSITY PARK DRIVE
SUITE 210
WINTER PARK FL 32792

Mailing Address

120 UNIVERSITY PARK DRIVE
SUITE 210
WINTER PARK FL 32792-4419

2. Principal Place of Business

422 W FAIRBANKS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-3590769

Applied For

Not Applicable

Zip

-32790

Country

ORANGE

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

STEPHEN D. BARNETT

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

422 W FAIRBANKS AVE
SUITE 204

City

WINTER PARK

FL

Zip Code

32790

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

4/28/00

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 NAME	PSD BARNETT, STEPHEN D	<input type="checkbox"/> Delete
STREET ADDRESS	120 UNIVERSITY PARK DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	422 W FAIRBANKS AVE #204	
CITY-ST-ZIP	WINTER PARK, FL 32790	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(407)679-5000

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90212 008 ***150.00

A0058393



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)