

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-11-2000 90321 025 ***150.00

DOCUMENT # P99000110790

1. Entity Name

CREATIVE EDUCATION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1207 WATERWITCH COVE CIRCLE
ORLANDO FL 32806

1207 WATERWITCH COVE CIRCLE
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593428036

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

KRUPPENBACHER, FRANK C
780 NORTH ORANGE AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **MARY V. SCHOTT**

Street Address (P.O. Box Number is Not Acceptable)
1207 WATERWITCH COVE CIRCLE

City **ORLANDO**

FL

Zip Code **32806**

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

Mary V. Schott - **Secretary-treasurer**

4-21-00

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

(NOTE: Registered Agent signature required when registering)

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 \$250.00
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

TITLE

D Delete

NAME

SCHOTT, JAMES L
1207 WATERWITCH COVE CIRCLE
ORLANDO FL 32806

STREET ADDRESS

CITY-ST-ZIP

TITLE

D Delete

NAME

SCHOTT, MARY V
1207 WATERWITCH COVE CIRCLE
ORLANDO FL 32806

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change Addition

NAME

STREET ADDRESS

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TITLE

Change Addition

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STREET ADDRESS

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: *James L. Schott*

JAMES L. SCHOTT
PRESIDENT

4-21-00 (407)251-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2004 (999)