


FILED  
Jun 16, 2003 8:00 am  
Secretary of State

06-16-2003 90150 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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|   |                |  |          |
|---|----------------|--|----------|
| <b>DOCUMENT # S43456</b>  |                |  |          |
| 1. Entity Name<br><b>CREATIVE SOLUTIONS EAST, INC.</b>  |                |  |          |
| Principal Place of Business<br>2290 N COUNTRY RD 427<br>STE 112<br>LONGWOOD, FL 32750 US  |                | Mailing Address<br>2290 N COUNTRY RD 427<br>STE 112<br>LONGWOOD, FL 32750 US |          |
| 2. Principal Place of Business  |                | 3. Mailing Address   |          |
| Suite, Apt. #, etc.   |                | Suite, Apt. #, etc.  |          |
| City & State  |                | City & State   |          |
| Zip   | Country        | Zip  | Country  |
| 4. FEI Number<br><b>59-3083374</b>  |                | Applied For<br>Not Applicable  |          |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                |  |          |
| 6. Name and Address of Current Registered Agent<br><b>BENCE, DONALD R.<br/>273 SHADY OAKS CIRCLE<br/>LAKE MARY, FL 32748</b>  |                | 7. Name and Address of New Registered Agent                                  |          |
| Name  |                | Name   |          |
| Street Address (P.O. Box Number is Not Acceptable)  |                | 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. I am familiar with, and accept the obligations of registered agent.   |                |  |          |
| SIGNATURE<br>  |                | DATE   |          |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |                |  |          |
| 10. OFFICERS AND DIRECTORS  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Delete  |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Delete  |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Delete  |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Delete  |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Delete  |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |
| NAME  | STREET ADDRESS |  |          |
| CITY-STATE-ZIP  |                |  |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                |  |          |
| SIGNATURE: <i>Deborah A. Bence</i> / VICE PRESIDENT 6/10/03 (407) 831-7241  |                |  |          |
| Deborah A. Bence  |                |  |          |

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6/10/03

**Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314**

**Dear Sir/Madam,**

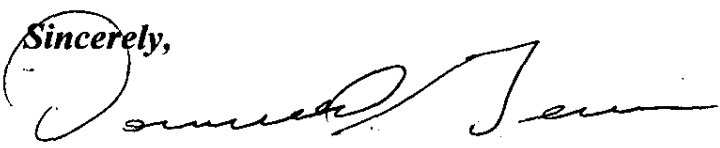
**Our company, Creative Solutions East, Inc., located at 2290 Ronald Reagan Boulevard, Suite 112 in Longwood, Florida 32750, did not receive a 2003 Uniform Business Report. Upon further investigating, it could be that Longwood, Florida changed the name of the street in front of our business, from North County Rd. 427 to Ronald Reagan Boulevard and the State is not aware of this? We have been receiving the UBR for as long as we have been in business, and have been in good standing by sending the report in on time as requested each year until this year, 2003.**

**We are enclosing a downloaded UBR, signed and dated and with the \$150.00 filing fee as I could not electronically file anything since I had no access code to process online with. We called your offices several times and were finally told to send in the downloaded UBR form with the fee as soon as possible with an explanation.**

**Please process this as soon as possible. If you have any further questions, please call our office at: (407) 831-7611. Or call Don Bence at: (407)402-9652.**

**Thank you for your cooperation in this matter.**

**Sincerely,**

  
**Donald and Deborah Bence  
Creative Solutions East, Inc.  
2290 Ronald Reagan Boulevard  
Longwood, FL 32750  
(407) 831-7611**

