

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 034 ***150.00

DOCUMENT # 362129

1. Entity Name

Owl Creek Boat works & Storage



DO NOT WRITE IN THIS SPACE

90127717

2. Principal Place of Business

18251 Owl Creek Drive

Suite, Apt. #, etc.

3. Mailing Address

18251 Owl Creek Dr

Suite, Apt. #, etc.

City & State

Alva, FL

Zip

33920

Country

City & State

Alva, FL

Zip

33920

Country

4. FEI Number

59-1288877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Waring T Fulton

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

18251 Owl Creek Drive

City Alva

FL

Zip Code 33920

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EXPIAS/AT
NAME	FULTON, Waring T
STREET ADDRESS	18251 Owl Creek Drive
CITY-ST-ZIP	Alva, FL 33920
TITLE	DIVIS/T
NAME	FULTON, Jill N
STREET ADDRESS	18251 Owl Creek Drive
CITY-ST-ZIP	Alva, FL 33920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. T. Fulton* W.T. FULTON Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 239-543-2100

Date

Daytime Phone #

CR2E034B (12/02)