

2002 UNIFORM BUSINESS REPORT (UBR)

0621491 AT

DOCUMENT # **F01000001526**

1. Entity Name
CABIN CREEK MORTGAGE, INC.

FILED

02 DEC 20 2002

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business
**134 CEDAR GROVE CIR
DAVIDSON NC 28036**

Mailing Address
**18919 SWAN HAVEN CT
DAVIDSON NC 28036**

2. Principal Place of Business
**705 Griffith Street
Suite 202
Davidson, NC**

3. Mailing Address
**705 Griffith Street
Suite 202
Davidson, NC**

REINSTATED
DO NOT WRITE IN THIS SPACE **02**

4. FEI Number **56-2215512** Applied For Not Applicable

Zip Country Zip Country
28036 USA 28036 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GULLICKSON, DON
260 ROBIN RD
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**100008547361
10/23/02--01066--001 **150.00**
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.

SIGNATURE *Don Gullickson* (NOTE: Registered Agent signature required when reinstating) DATE **12-26-02**

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULLICKSON, ROBERT D 18919 SWAN HAVEN CT DAVIDSON NC 28036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, WILLIAM J 134 CEDAR GROVE CIR DAVIDSON NC 28036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gullickson, Robert D. 705 Griffith Street, Suite 202 Davidson, NC 28036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Adams, William J. 705 Griffith Street, Suite 202 Davidson, NC 28036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100008547361 11/08/02--01019--013 **800.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert D. Gullickson* **Robert D. Gullickson** 10/10/02 704-892-9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)