2000 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2000 8:00 am DOCUMENT # F95000000476 **Secretary of State** 02-22-2000 90031 049 ***150.00 CREEKSIDE RENTALS, INC. Principal Place of Business Mailing Address 101 AMANDA PLACE 101 AMANDA PLACE B0023752 OAK RIDGE TN 37830 OAK RIDGE TN 37830-7814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1438788 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOPPE, LISA A Street Address (P.O. Box Number is Not Acceptable) 7992 10TH AVE SOUTH ST PETERSBURGH FL 33707 City 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 Signature, typed or printed name of registered agent and title if applicables. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PDC TITLE ☐ Delete TITLE Change Additi-HOPPE, W C NAME NAME 101 AMANDA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OAK RIDGE TN 37830 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addit-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [] Addit TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addi: TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addı 🔲 NAME NAME 33. July 10 STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP TITLE Delete TITLE Change Add NAME NAME STREET ADDRESS STREET ADDRESS

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 informatic 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 direction 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 1 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR

2/14/00

FILED

(423)482-4