

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90062 045 ***150.00

DOCUMENT # J30396

1. Entity Name

SANDY CREEK PROPERTIES, INC.

Principal Place of Business

1732 HIGHWAY 2297
 PANAMA CITY FL 32404

Mailing Address

1732 HIGHWAY 2297
 PANAMA CITY FL 32404
 US

2. Principal Place of Business

6240 BRYAN WAY

3. Mailing Address

P.O. Box 6634

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32404

Country

FLA

Zip

32404

Country

FLA

4. FEI Number

59-2726867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NABORS, SCOTT
456 HARRISON AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
HARRISON, PATRICK A.
5644 WESTHEIMER #305
HOUSTON TX

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VT
DAVID, D.R.
5644 WESTHEIMER #305
HOUSTON TX

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AS
MASSEY, MICHAEL B.
1400 POST OAK BLVD. #400
HOUSTON TX

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Harrison 03/22/02 713-461-9696

Date

Daytime Phone #

CR2E034 (9/01)