2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J87696 DOCUMENT #

1. Entity Name

CREEK CONSTRUCTION, INC.



Mailing Address

Principal Place of Business 6645 WINDOVER WAY TITUSVILLE FL 32780		Mailing Address 6645 WINDOVER WAY TITUSVILLE FL 32780		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2858257 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
-	and the second of the second 	್ ಉಪ್ರಾಣಿಗಳ್ಳು ನ	Name	
l .	DOVER WAY		Street Ad	ddress (P.O. Box Number is Not Acceptable)
TITUSVILL	E FL 32780			
			City	FL Zip Code
the obligat SIGNATURE F After	ions of registered agent.	and title if applicable. (NOTE		Tregistered agent, or both, in the State of Florida. I am familiar with, and accept are required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, ROWE A. 6645 WINDOVER WAY TITUSVILLE FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARREN, LINDA C. 6645 WINDOVER WAY TITUSVILLE FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like ampowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

Daytime Phone # Date

☐ Change

Addition

Apr 10, 2003 8:00 am § Secretary of State

FILED

04-10-2003 90185 026 ***158.75