2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Malling Address 200 NW. 85th COURT GANESVILLE FL 2853 3. Malling Address 200 NW. 85th COURT GANESVILLE FL 2853 3. Malling Address 3. M	DOCUMENT # L0000001760 1. Entity Name CREEL & WILCOX DEVELOPMENT, LLC											וֹעום 10	PÉCRET SION O	FILED ARY OF F CORPO	STATE IRATIONS	
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Sure, April +, etc. Sure, Apr					A 3W A 4.4											
City & State Country 3	2. Principal Place of Business				2317 N.W. 66 CT.											
Section Sect	Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO NOT	WRITE	IN THIS S	SPACE		
Second Address of Current Registered Agent Second Address of Sixts Desired Second Agent Second Address of Name and Address of Current Registered Agent Second Address of Name Registered Age	City & State			City & State			T-L	-L 4. FELNumber 59-362622					25	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7
CREEL KENNETH R 2317 N.W. 66TH COURT GAINESVILLE FL 326S3 City FL Zip Code 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature typed to principle and registered agent, or both, in the State of Florida. SIGNATURE Signature typed to principle agent	Zip		Country			Coun	try IAcHI	4					п ;			7
CREEL, KENNETH R 2317 N.W. 68TH COURT GAINESVILE FL 32853 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, typad or ipmodrate of registered agent and that a purposes. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. PD ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. PD ADDITIONS/CHANGES 10. CALLED ADDI	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent															-
GANESWILLE FL 32653 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 SIGN	-						Street A	Address (P.	O. Box N	umber is N	lot Accep	table)				+
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 hyperd or private name of registered agent agent and the if agenticate.	' - '										1					
SIGNATURE Signature typed or pirried name of ingritised open and the Fulpotacion. (NOTE Registance Apent signature resulted when reinstating) DATE							City						FL	Zip Cod	de	1
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	8. The above	named entit	y submits this statement for	r the pu	rpose of changing its	registere	ed office or	r registere	d agent, o	or both, in t	he State	of Florid	la.	<u> </u>		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	SIGNATURE								•							
### Make Check Payable to Department of State Grand		Signature, typed	or printed name of registered agent a	ind title if a	applicable. (NOTE	: Registere	d Agent signat	ture required w	hen reinstati	19)			DATE			-
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