

2001 UNIFORM BUSINESS REPORT (UBR)

5/3,

FILED
May 22, 2001 8:00 am
Secretary of State

05-03-2001 90042 015 ****61.25

DOCUMENT # N00000001513

1. Entity Name

COLT CREEK, INC.

Principal Place of Business

**1420 S. FLORIDA AVE.
LAKELAND FL 33803**

Mailing Address

**1420 S. FLORIDA AVE.
LAKELAND FL 33803**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3630892

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPER, ROBERT F III
1420 S. FLORIDA AVE.
LAKELAND FL 33803**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Duke Parrish	
STREET ADDRESS	6700 S. Florida Ave. #20	
CITY-ST-ZIP	Lakeland, FL 33813	

TITLE	VicePresident	<input type="checkbox"/> Delete
NAME	Wayne Peace	
STREET ADDRESS	2325 S. Florida Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Robert F. Harper III	
STREET ADDRESS	1420 S. Florida Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/01 (863)687-8020**
Daytime Phone #

CR2E037 (10/00)