

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD  
STREET ADDRESS PARRISH, DUKE  
CITY-ST-ZIP 6700 S FLORIDA AVENUE, #20  
LAKELAND FL 33813 ☐ Delete

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

TITLE NAME VPD  
STREET ADDRESS PEACE, WAYNE  
CITY-ST-ZIP 2325 S FLORIDA AVENUE  
LAKELAND FL 33803 ☐ Delete

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

TITLE NAME TD  
STREET ADDRESS HARPER, ROBERT F III  
CITY-ST-ZIP 1420 S FLORIDA AVENUE  
LAKELAND FL 33803 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED

3/20/02 (83)687-8020

Date

Daytime Phone #

CR2E037 (9/01)

004416

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90638 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE