

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005808

1. Entity Name  
CREEK ROAD LOGGING, INC.

Principal Place of Business

7810 GASDEN AVE.  
SOUTHPORT FL 32409

Mailing Address

7810 GASDEN AVE.  
SOUTHPORT FL 32409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTIME, GILBERT  
17454 SW 79 CT.  
MIAMI FL 33157

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.

(NOT 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**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
GLASS, JIMMY  
7810 GASDEN AVE.  
SOUTHPORT FL 32409 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
GLASS, ESTELLE  
7810 GASDEN AVE.  
SOUTHPORT FL 32409 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Jimmy Glass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - R DIRECTOR

Date Daytime Phone #

5-15-01 819.0242

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91170 021 \*\*\*550.00

771330



DO NOT WRITE IN THIS SPACE

4. FEI Number *59-3622328* ☐ Applied For ☐ Not Applicable

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

CR2E034 (10/00)