

**FOR PROFIT CORPORATION.  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90579 014 \*\*\*150.00

DOCUMENT # **P01000027117**

1. Entity Name

**CREEKSIDE NETWORKS INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**18461 CREEK DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**18461 CREEK DRIVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FORT MYERS FL**

City & State

**FORT MYERS FL**

4. FEI Number

**65-1084133**

Applied For

Not Applicable

Zip

**33908**

Country

**USA**

Zip

**33908**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GARY L. RANDALL**

Street Address (P.O. Box Number is Not Acceptable)

**18461 CREEK DRIVE**

City **FORT MYERS**

**FL**

Zip Code **33908**

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

*[Signature]*

**GARY L. RANDALL  
PRESIDENT**

**4/12/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE **PRESIDENT/DIRECTOR**  
NAME **GARY L. RANDALL**  
STREET ADDRESS **18461 CREEK DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CHIEF TECHNICAL OFFICER/DIRECTOR**  
NAME **JEFFREY P. PICKERING**  
STREET ADDRESS **3700 SWEETEN CREEK DRIVE**  
CITY-ST-ZIP **CHAPEL HILL NC 27514**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*

**GARY L. RANDALL**

**4/12/02**

**239 415 6631**

CR2E034B (12/01)