

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90187 015 ***150.00

0691029 FP

DOCUMENT # P01000027117

1. Entity Name
CREEKSIDE NETWORKS, INC.



Principal Place of Business
1846 CREEK DRIVE
FT MYERS FL 33908

Mailing Address
1846 CREEK DRIVE
FT MYERS FL 33908

2. Principal Place of Business
18461 CREEK DRIVE

3. Mailing Address
18461 CREEK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip
33908

Country
USA

Zip
33908

Country
USA

4. FEI Number 65-1084133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RANDALL, GARY L
1846 CREEK DRIVE
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name RANDALL GARY L

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *G. Randall*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RANDALL, GARY L
STREET ADDRESS 1846 CREEK DRIVE
CITY-ST-ZIP FT MYERS FL 33908

TITLE D ☒ Change ☐ Addition
NAME RANDALL GARY L
STREET ADDRESS 18461 CREEK DRIVE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE D ☐ Delete
NAME PICKERING, JEFFERY
STREET ADDRESS 1846 CREEK DRIVE
CITY-ST-ZIP FT MYERS FL 33908

TITLE D ☒ Change ☐ Addition
NAME PICKERING JEFFREY P
STREET ADDRESS 3700 SWEETEN CREEK ROAD
CITY-ST-ZIP CHAPEL HILL NC 27514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 607, 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: *G. Randall* **REQUIRED** RANDALL 4/24/03 239 415 6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)