

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 004 ***150.00

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

DOCUMENT # *P01000043287*

1. Entity Name

Canyon Creations, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7798 Madsen Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Laurel Hill, FL 32567

City & State

4. FEI Number

59-3711445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

32567

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kathleen R. Thompson

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

7798 Madsen Circle

City

Laurel Hill

FL

Zip Code

32567

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*Pres.
Franklin E. Thompson
7798 Madsen Circle
Laurel Hill, FL 32567*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
Kathleen R. Thompson
7798 Madsen Circle
Laurel Hill, FL 32567*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Sec
Elenson Thompson
7798 Madsen Circle
Laurel Hill, FL 32567*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*~~SECRETARY~~ TREAS.
Susan McDonald
8341 Miranda Drive
NAVARRE, FL 32566*

TITLE
NAME
STREET ADDRESS
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

Kathleen R. Thompson

5-1-02 850 682-4357

Date

Daytime Phone #

CR2E034B (12/01)