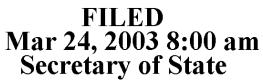
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000045642



1. Entity Name CREEK SIDE HOMES, INC.						03-24-2003 90229 002 ***150.00		
Principal Place of Business 508-A CAPITAL CIR SE TALLAHASSEE FL 32301			Mailing Address 508-A CAPITAL CIR SE TALLAHASSEE FL 32301					
2. Principal	Place of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate		City & State	-	- 	4. FEI Number 59-3733484 Applied For		
Zip Country		Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional		
	6. Name	and Address of Curre	ent Registered Agent		— <u></u>	Fee Required		
				Name		7. Name and Address of New Registered Agent		
	ON, SUSAN	I S				D. Box Number is Not Acceptable)		
	UMASVILLE ISSEE FL 32	RD., 4TH FL						
TALLATIA	ISSEE FL 32	2306 .						
		·		City		FL Zip Code		
obliga	e named entity itions of regist	y submits this statemen ered agent.	t for the purpose of changing its	s registered office or reg	gistered	agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE		or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature re	ouired who	en reinstating) DATE		
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	00 t of State	<u> </u>		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	508-A CAF	FREDERICK E PITAL CIR., SE SSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DOUGLAS PITAL CIR., SE SEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio		
TITLE - NAME STREET ADORESS CITY-ST-ZIP		- BT - coloring — - e g	Delate	NAME STREET ADDRESS CITY-ST-ZIP		Change Additio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7-1	☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP	artify that the	information and the state of	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition 119.07(3)(i), Florida Statutes. I further certify that the information		

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with a Fred Turner

SIGNATURE:

656-4663