

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91158 047 \*\*\*150.00

<b>DOCUMENT # P02000065882</b>
1. Entity Name <b>CREEHAN MANAGEMENT, INC.</b>

**DO NOT WRITE IN THIS SPACE**

**11041353**

2. Principal Place of Business <b>93 BARRACUDA ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>93 BARRACUDA ST.</b> Suite, Apt. #, etc.
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**DO NOT WRITE IN THIS SPACE**

City & State <b>DESTIN, FL</b>	City & State <b>DESTIN, FL</b>	4. FEI Number <b>02-0632562</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32541</b>	Country	Zip <b>32541</b>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**HAWKINS, JOHN W ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**607 HWY. 98 EAST**

City  
**DESTIN** **FL** Zip Code  
**32541**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>P/T/D</b>	NAME <b>CREEHAN, TIMOTHY F</b>	TITLE	
STREET ADDRESS <b>P.O. BOX 1504</b>		STREET ADDRESS	
CITY - ST - ZIP <b>DESTIN, FL 32540</b>		CITY - ST - ZIP	
TITLE <b>VP/S/D</b>	NAME <b>JOHNSON, EDWARD T</b>	TITLE	
STREET ADDRESS <b>307 OSCEOLA COURT</b>		STREET ADDRESS	
CITY - ST - ZIP <b>NICEVILLE, FL 32578</b>		CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**

Date

**850-259-8050**

Daytime Phone #