

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90318 028 ***150.00

DOCUMENT # P97000099615

1. Entity Name

CREEK NATIVE CONSTRUCTION, INC.

Principal Place of Business

**5406 HOLLOW OAK LANE
 PACE FL 32571**

Mailing Address

**5406 HOLLOW OAK LANE
 PACE FL 32571**

2. Principal Place of Business

6496 Imperial Drive
 Suite, Apt. #, etc.

3. Mailing Address

6496 Imperial Drive
 Suite, Apt. #, etc.

City & State

Milton, FL 32570

City & State

Milton, FL 32570

4. FEI Number

59-3479215

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, RANDY D
 5406 HOLLOW OAK LANE
 PACE FL 32571**

Name

Randy D. Pierce

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

6496 Imperial Drive

City

Milton

FL

Zip Code
32570

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 **Randy D. Pierce, President**

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **PIERCE, RANDY D**
 STREET ADDRESS **5406 HOLLOW OAK LANE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **President** ☒ Change ☐ Addition
 NAME **Randy D. Pierce**
 STREET ADDRESS **6496 Imperial Drive**
 CITY-ST-ZIP **Milton, FL 32570**

TITLE **VP** ☐ Delete
 NAME **COLO, JOHN K**
 STREET ADDRESS **1328 NEAL ROAD**
 CITY-ST-ZIP **CANTONEMENT FL 32571**

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

TITLE **TD** ☐ Delete
 NAME **PIERCE, BRENDA**
 STREET ADDRESS **5406 HOLLOW OAK LANE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Brenda D. Pierce**
 STREET ADDRESS **6496 Imperial Drive**
 CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Randy D. Pierce, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 (850) 981-9608

CR2E034 (10/00)