

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90479 026 \*\*\*158.75

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**DOCUMENT # P97000099615**

1. Entity Name

**CREEK NATIVE CONSTRUCTION, INC.**

Principal Place of Business

**6496 IMPERIAL DRIVE  
 MILTON FL 32570**

Mailing Address

**6496 IMPERIAL DRIVE  
 MILTON FL 32570**

2. Principal Place of Business

**3665 Gardenview Rd**

Suite, Apt. #, etc.

3. Mailing Address

**3665 Gardenview Rd**

Suite, Apt. #, etc.

City & State

**Pace, FL**

City & State

**Pace, FL**

Zip  
**32571**

Country

**USA**

Zip  
**32571**

Country

**USA**

4. FEI Number

**59-3479215**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PIERCE, RANDY D  
 6496 IMPERIAL DRIVE  
 MILTON FL 32570**

7. Name and Address of New Registered Agent

Name **Randy D. Pierce**

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

**3665 Gardenview Rd**

City **Pace**

**FL**

Zip Code **32571**

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]* **3/25/02**  
 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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIERCE, RANDY D 6496 IMPERIAL DRIVE MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLO, JOHN K 1328 NEAL ROAD CANTONMENT FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PIERCE, BRENDA 6496 IMPERIAL DRIVE MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Randy Pierce, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3665 Gardenview Rd Pace, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brenda Pierce, Treas/Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3665 Gardenview Rd Pace, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**3/25/02 850-994-4758**  
 Date Daytime Phone #

CR2E034 (9/01)