

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90468 025 \*\*\*158.75

0065401 AV

**DOCUMENT # P97000099615**

1. Entity Name

CREEK NATIVE CONSTRUCTION, INC.



Principal Place of Business

3665 GARDENVIEW RD  
PACE FL 32571

Mailing Address

3665 GARDENVIEW RD  
PACE FL 32571

2. Principal Place of Business

5652 Nicklaus Lane

3. Mailing Address

5652 Nicklaus Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

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

PIERCE, RANDY D  
3665 GARDENVIEW RD  
MILTON FL 32571

7. Name and Address of New Registered Agent

Name Randy D. Pierce  
Street Address (P.O. Box Number is Not Acceptable)  
5652 Nicklaus Lane  
City Milton FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Randy D. Pierce  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PIERCE, RANDY D 3665 GARDENVIEW RD PACE FL 32571	<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	TS PIERCE, BRENDA 3665 GARDENVIEW RD PACE FL 32571	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>5652 Nicklaus Lane</u> <u>Milton, FL 32570</u>	<input checked="" 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	<u>5652 Nicklaus Lane</u> <u>Milton, FL 32570</u>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy D. Pierce

Date

4/16/03

Daytime Phone #

850-623-0687

CR2E034 (10/02)