

# 2002 UNIFORM BUSINESS REPORT (UBR)

0621491 AT

DOCUMENT # **F01000001526**

1. Entity Name  
**CABIN CREEK MORTGAGE, INC.**

FILED

02 DEC 20 11:11

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**134 CEDAR GROVE CIR  
DAVIDSON NC 28036**

Mailing Address  
**18919 SWAN HAVEN CT  
DAVIDSON NC 28036**

2. Principal Place of Business  
**705 Griffith Street  
Suite 202  
Davidson, NC**

3. Mailing Address  
**705 Griffith Street  
Suite 202  
Davidson, NC**

**REINSTATED**  
DO NOT WRITE IN THIS SPACE **02**

4. FEI Number **56-2215512** Applied For  Not Applicable

Zip **28036** Country **USA** Zip **28036** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GULLICKSON, DON  
260 ROBIN RD  
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100008547361  
10/23/02--01066--001 \*\*150.00**  
City **FL** Zip Code

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 *Don Gullickson* (NOTE: Registered Agent signature required when reinstating) DATE **12-26-02**

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	<b>P</b> <input type="checkbox"/> Delete <b>GULLICKSON, ROBERT D</b> <b>18919 SWAN HAVEN CT</b> <b>DAVIDSON NC 28036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>ADAMS, WILLIAM J</b> <b>134 CEDAR GROVE CIR</b> <b>DAVIDSON NC 28036</b>
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	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gullickson, Robert D.</b> <b>705 Griffith Street, Suite 202</b> <b>Davidson, NC 28036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Adams, William J.</b> <b>705 Griffith Street, Suite 202</b> <b>Davidson, NC 28036</b>
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 <b>100008547361</b> <b>11/08/02--01019--013 **800.00</b>
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: *Robert D. Gullickson* **Robert D. Gullickson** 10/10/02 704-892-9905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)