FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91298 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013917

1. Entity Name
CRACKER PROPERTIES, INC.

11023956

Principal Place of Business	Mailing Address
255 S ORANGE AVE, 1250 ORLANDO, FL 32801	255 S ORANGE AVE, 1250 ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
17 S. MAGNOLIA AVE.	17 S. MAGNOLIA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 62-1593109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHORES, WILLIAM L
255 S ORANGE AVE, 1250
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 3334 HORSESHOE BEND CT.
City LONGWOOD FL Zip Code 32779

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] 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ☐ Delete	TITLE	PDT ☑ Change ☐ Addition
NAME	SHORES, WILLIAM L	NAME	
STREET ADDRESS	255 S ORANGE AVE, 1250	STREET ADDRESS	3334 HORSESHOE BEND CT.
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	☐ Delete	TITLE	VP ☐ Change ☑ Addition
NAME		NAME	SUZANNE M. TAGMAN
STREET ADDRESS		STREET ADDRESS	13740 DORNOCH DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32828
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #