

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 509185

1. Entity Name

CRACO, INC.

Principal Place of Business

7724 WEXFORD WAY  
PORT ST LUCIE FL 34986-3007  
US

Mailing Address

7724 WEXFORD WAY  
PORT ST LUCIE FL 34986-3007  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1696472

Applied For  
Not Applicable

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

CRAMER, KENNETH  
7724 WEXFORD WAY  
PORT ST LUCIE FL 34986

Name

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

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

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, 2000 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	<input type="checkbox"/> Delete
NAME	CRAMER, KENNETH J.	
STREET ADDRESS	7724 WEXFORD WAY	
CITY - ST - ZIP	PORT ST LUCIE FL 34986	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRAMER, ROCHELLE A.	
STREET ADDRESS	7724 WEXFORD WAY	
CITY - ST - ZIP	PORT ST LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAMER, ROCHELLE A.	
STREET ADDRESS	7724 WEXFORD WAY	
CITY - ST - ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rochelle A. Cramer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCHELLE A. CRAMER

4/14/00

561/489-2449

Date

Daytime Phone #

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90038 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2EC34 (9/99)