

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90115 030 \*\*\*150.00

DOCUMENT # **F65847**

1. Entity Name

**WM. E. CRAIG, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2159199**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Barbara K. Craig**

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

**756 WINDLASS WAY**

City **Sanibel**

**FL**

Zip Code

**33957**

**DO NOT WRITE  
IN THIS SPACE**

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

**Barbara K. Craig**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agents signature required when reinstating)

**6/22/02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 **President**  
NAME **Barbara K. Craig**  
STREET ADDRESS **756 Windlass Way**  
CITY-STATE-ZIP **Sanibel FL 33957**

TITLE **Vice-President**  
NAME **Barbara K. Craig**  
STREET ADDRESS **756 Windlass Way**  
CITY-STATE-ZIP **Sanibel FL 33957**

TITLE **Sec'y**  
NAME **Joseph Craig**  
STREET ADDRESS **19591 Winter Haven Rd**  
CITY-STATE-ZIP **Fort Myers FL 33912**

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CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Barbara K. Craig, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-02**

Date

**239-472-1225**

Daytime Phone #

CR2E034B (12/01)