

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

FILED

DOCUMENT # J45960

1. Entity Name
Mark Cravens Inc.

02 DEC -3 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
533 Spring Lakes Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10861
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL
Zip
34210
Country
U.S.A.

City & State
Bradenton, FL
Zip
34282
Country
U.S.A.

4. FEI Number
59-2765228

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mark Cravens

Street Address (P.O. Box Number is Not Acceptable)
533 Spring Lakes Blvd.

City
Bradenton **FL** Zip Code
34210

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Mark Cravens
533 Spring Lakes Blvd.
Bradenton, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500009333045
12/04/02--01009--002 **150.00**

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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: **Mark Cravens** **Mark Cravens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 26, 2002
Date

941-751-1916
Daytime Phone #

CR2E034B (12/01)

Gentlemen:

Nov. 26, 2002

I was instructed via my phone conversation this morning to go ahead and send in my \$150. check for my S corporate fees with the enclosed re-instatement form.

Further, I'd like to mention that I've never changed my address for my S corp, which I've had since 1986. I never received any material regarding the annual fee which I've always paid in a timely manner.

I'm hoping this enclosed form with my check for \$150. will clear this matter and reinststate my FEI #59-2765228.

Thanks again for your cooperation and understanding of which I'm very appreciative.

Sincerely yours,

Mark Cravens