

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90126 040 ***150.00

DOCUMENT # J45960

1. Entity Name

Mark Cravens, Inc.



DO NOT WRITE IN THIS SPACE

90037809

2. Principal Place of Business

533 Spring Lakes Blvd.

3. Mailing Address

533 Spring Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton, Fla.

City & State

Bradenton, Fla.

4. FEI Number

59-2765228

Applied For

Not Applicable

Zip

34210

Country

Manatee

Zip

34210

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark Cravens Mark Cravens President

Feb. 24, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D: 2:53 U/S V/T/D
Mark Cravens
533 Spring Lakes Blvd.
Bradenton, Fl. 34210

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 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

Feb. 24, 2003 941-751-1916

Date

Daytime Phone #

CR2E034B (12/02)