

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90040

1. Entity Name

CRAIG FLIGHT SCHOOL, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90197 001 ***300.00

Principal Place of Business

Mailing Address

855 ST. JOHNS BLUFF ROAD
CRAIG AIRPORT, HANGER 12
JACKSONVILLE FL 32225

4215 SOUTHPPOINT BLVD. #100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-2850610

Applied For

Not Applicable

Zip

Country

Zip

Country

32255

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

KRAUSE, COLLEEN T.
855 ST. JOHNS BLUFF RD.
CRAIG AIRPORT, HANGER 12
JACKSONVILLE FL 32225

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PDS	STRAW, COLLEEN KRAUSE	11539 MONUMENT RIDGE DR	JACKSONVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Signature of Colleen Krause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)