FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # K59287 1. Entity Name JIM & RUTH CRADDOCK INC. 02-19-2002 90043 015 \*\*\*150.00 Principal Place of Business Mailing Address 3610 FISCAL COURT 143 MICHAELS CT RIVIERA BEACH FL 33404 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 140th LANE. NO Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Gity & State M BEACH 4. FEI Number Applied For 65-0096831 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, CATHERINE 143 MICHAELS CT 1407h JUPITER FL 33458 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITI F Change ☐ Addition CRADDOCK, JIM NAME NAME STREET ADDRESS 3610 FISCAL COURT STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CRADDOCK, RUTH NAME CRADOOCK, RUH STREET ADDRESS STREET ADDRESS 3610 FISCAL COURT 610 FISCAL COURT CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL WICER BE TITLE STD Delete TITLE ☐ Change Addition NAME BAKER, CATHERINE NAME STREET ADDRESS STREET ADDRESS 3610 FISCAL CT CITY-ST-ZIP CITY-ST-7IP RIVIERA BEACH FL TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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