

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000028885

FILED  
Aug 14, 2003  
Secretary of State

**Entity Name:** CRAIG CONSULTING GROUP, LLC

**Current Principal Place of Business:**

4828 GOSHAWK DRIVE  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24486  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 51-0434811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAIG, KENNETH R II  
4828 GOSHAWK DRIVE  
JACKSONVILLE, FL 32257

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CRAIG, KENNETH R II  
Address: 4828 GOSHAWK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH R. CRAIG II

MGMR

08/14/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date