

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

07-14-2002 90050 031 \*\*\*150.00

**DOCUMENT # P00000012234**

1. Entity Name

CRAIG-WORKS.COM, INC.

Principal Place of Business

13235 N.W. MIAMI CT.  
MIAMI FL 33168

Mailing Address

13235 N.W. MIAMI CT.  
MIAMI FL 33168

80128963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0979217**

Applied For

Not Applicable

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

CRAIG, ELMER

13235 N.W. MIAMI CT.

MIAMI FL 33168

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PD  
NAME CRAIG, ELMER  
STREET ADDRESS 13235 N.W. MIAMI CT.  
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
#0000012234  
B01289609

craig-works.com, inc.  
Elmer Craig, President  
13235 NW Miami Ct.  
Miami, FL. 33168  
305 681 2312 (ph/fax)

07/08/2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

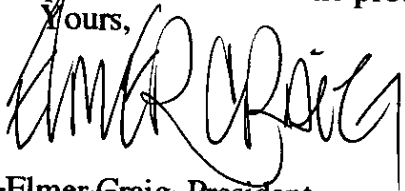
To whom it may concern,

This letter is the result of calling your office this afternoon and having a conversation this afternoon with "Esther." I told her that I was surprised to receive this 2002 Uniform Business Report indicating that I owed penalties for not responding to previous letters. I have looked for previous letters, I've been unable to locate any warning letters and I believe that this report is my first notice to file.

This is only my second year of being incorporated, I have not had this experience before and I hope that this provides reasonable cause for you to waive the \$400.00 penalty.

Enclosed is a \$150.00 check, as directed by Esther, for my annual filing and I hope that this solves the problem.

Yours,



Elmer Craig, President  
craig-works.com

## DISTINCTIVE CERAMIC TILE

