

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90014 026 ***150.00

DOCUMENT # P00000084271

1. Entity Name
CRAVES, INC.

Principal Place of Business
**9950 BAYMEADOWS ROAD
 JACKSONVILLE FL 32256**

Mailing Address
**9950 BAYMEADOWS ROAD
 JACKSONVILLE FL 32256**

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 **74-2973107**

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

**KREMER, CAROLE
 9950 BAYMEADOWS ROAD
 JACKSONVILLE FL 32256**

Name **HELSEL, HERB**

Street Address (P.O. Box Number is Not Acceptable)

9950 BAYMEADOWS ROAD

City **JACKSONVILLE**

FL

Zip Code **32256**

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 **HERB HELSEL President**

Herb Helsel

4-21-02

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, 2002 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 **DP** ☐ Delete
 NAME **KREMER, CAROLE**
 STREET ADDRESS **9950 BAYMEADOWS ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **DPT** ☒ Change ☐ Addition
 NAME **HELSEL, HERB**
 STREET ADDRESS **9950 BAYMEADOWS ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256** ☐ Change ☐ Addition

TITLE **STD** ☐ Delete
 NAME **HELSEL, HERB**
 STREET ADDRESS **9950 BAYMEADOWS ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **DS** ☒ Change ☐ Addition
 NAME **KREMER, CAROLE**
 STREET ADDRESS **9950 BAYMEADOWS ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256** ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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: **HERB HELSEL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

419-267-3355

Date

Daytime Phone #

CR2E034 (9/01)