

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-21-2002 91227 020 ***150.00

DOCUMENT # P01000032764

1. Entity Name
CRAIG'S DRAIN CLEANING & REPAIRS, INC.

Principal Place of Business
**1348 WILDWOOD DRIVE
 FERNANDINA BEACH FL 32034**

Mailing Address
**1348 WILDWOOD DRIVE
 FERNANDINA BEACH FL 32034**

94700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1348 Wildwood Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1348 Wildwood Dr.
 Suite, Apt. #, etc.

City & State
Fernandina Be. FL
 Zip
32034

City & State
Fernandina Be. FL
 Zip
32034

4. FEI Number
59-3709191

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TYO, CRAIG
 1348 WILDWOOD DRIVE
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE P	<input type="checkbox"/> Delete
NAME TYO, CRAIG	
STREET ADDRESS 1348 WILDWOOD DRIVE	
CITY-ST-ZIP FERNANDINA BEACH FL 32034	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Craig M Tyo**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 **904-753-2273**
 Date Daytime Phone #

CR2034 (9/01)