

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90978 037 ***150.00

DOCUMENT # P010000 32764

1. Entity Name

Craigs Drain Cleaning & Repairs Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

86156 Graham Ct

Suite, Apt. #, etc.

3. Mailing Address

86156 Graham Ct.

Suite, Apt. #, etc.

City & State

Yulee, FL

Zip

32097

Country

Nassau

City & State

Yulee, FL

Zip

32097

Country

Nassau

4. FEI Number

593709191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Craig Tyo (Craig's Drain Cleaning + Repairs Inc)

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

86156 Graham Ct

City

Yulee

FL

Zip Code

32097

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Craig Tyo - President
86156 Graham Court
Yulee, FL 32097

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

904-153-2273

Daytime Phone #

CR2E034B (12/02)