

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90070 041 ***158.75

DOCUMENT # PO1000044703

1. Entity Name

Cravero Services INCORPORATED

DO NOT WRITE IN THIS SPACE

656708

2. Principal Place of Business

6741 MESA VERDE ST

Suite, Apt. #, etc.

3. Mailing Address

6741 MESA VERDE ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Richey FL

City & State

Port Richey, FL

4. FEI Number

59-3722953

Applied For

Not Applicable

Zip

34668

Country

PASCO

Zip

34668

Country

PASCO

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RALPH V CRAVERO II

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

6741 MESA VERDE ST

City

Port Richey

FL

Zip Code
34668

**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.

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>C/PIT</u>		
	<u>RALPH V CRAVERO II</u>		
	<u>6741 MESA VERDE ST</u>		
	<u>Port Richey FL 34668</u>		
	<u>V/DIS</u>		
	<u>SHAWN SCRAVERO</u>		
	<u>6741 MESA VERDE ST</u>		
	<u>Port Richey FL 34668</u>		

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH V CRAVERO II RALPH V. CRAVERO II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 727/817/1027

Date

Daytime Phone #