

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

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 047 ***150.00

DOCUMENT # PO1000044763 (2)

1. Entity Name

Cravero Services Incorporated



DO NOT WRITE IN THIS SPACE

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

USA

Zip

34668

Country

USA

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

SIGNATURE

Ralph V Cravero II
Signature, typed or printed name of registered agent and title if applicable.

Ralph V Cravero II
(NOTE: Registered Agent signature required when reinstating)

6-17-03

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 President / Treasurer
NAME Ralph Cravero II
STREET ADDRESS 6741 Mesa Verde St.
CITY-ST-ZIP Port Richey, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President / Secretary
NAME Shannon Cravero
STREET ADDRESS 6741 Mesa Verde St.
CITY-ST-ZIP Port Richey, FL 34668

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IN THIS SPACE**

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:

Ralph V Cravero II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph V Cravero II

6-17-03

Date

727-817-1027

Daytime Phone #

CR2E034B (12/02)