FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO 10000 44763 1. Entity Name Cravero Services Incorporated

Jun 20, 2003 8:00 am Secretary of State 06-20-2003 90029 047 ***150.00

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Principal Place of Business 3. Mailing Address	<u>.</u>									
6741 Mesa Vende St. 6741 Mesa Ven	rde St.									
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
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City & State Port Richey, FL Port Richey,	E/		4. FEI Number 59 - 372795 3	Applied For						
Zip Country Zip	Country			_	8.75 Additional					
34668 USA 34668	USA		5. Certificate of Status Des		e Required					
	Maria de la Compania del Compania de la Compania de la Compania del Compania de la Compania de l	7. Name and Address of Current Registered Agent								
	Name 2	Ralph V Course TT								
DO_NOT_WRITE	Street Add	Street Address (P.O. Box Number is Not Acceptable)								
IN THIS SPACE	6741 mesa Verde St.									
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	City Po	٠ ــــــــــــــــــــــــــــــــــــ	201	FL	Zip Code					
8. The above named entity submits this statement for the purpose of changing its			d agent, or both, in the State		iliar with, and accept					
the obligations of registered agent.	rogiotoroa amoo er t	9.0.0.	a agont, or both, in the state		with the decopi					
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature	required w	Marco II-	(c-)7	-62					
January 1 - May 1 Fee is \$150.00										
After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campai Trust Fund Contr	• • –	\$5.00 May Be Added to Fees					
Make Check Payable to Florida Department of State			Trust Furia Conti	ibation.	Added to Fees					
10. OFFICERS AND DIRECTORS	S		STEP STEP BY STEP STEP STEP STEP STEP STEP STEP STEP	推注: (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
me president /Treasurer	TITLE									
NAME Ralph Crower of	NAME	direction in the			The second of the second					
STREET ADDRESS 6741 Mescr Verde St. CITY-ST-ZIP Back 8: New J. 211116	STREET ADDRESS CITY - ST- ZIP									
TITLE Vice President / Secretary	TITLE			リント シー・ファイン (A)						
NAME Shannon Cavero	NAME	10 and 10								
STREET ADDRESS 16741 Meser Verde St.	STREET ADDRESS									
CITY-ST-ZIP PORT Richey, FL 34668	CITY-ST-ZIP	Angles (S) S. Williams	The state of the second of	The man son the country of the section of the secti	Contract the state of the state					
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12. Thereby certify that the information supplied with this filing does not qualify for indicated on this report of a proposed leavest in the angle of the report of the same	the exemption states	d in Sect	ion 119.07(3)(i), Florida Sta	utes. I further certify	that the information					
indicated on this report or supplemental report is true and accurate and that m of the corporation or the receiver or trustee empowered to execute this report	ry signature shall hav t as required by Cha	re the sa pter 607	rne iegai елесt as it made u , Florida Statutes; and that i	nder oath; that I am ny name appears ir	an officer or director Block 10 or on an					
attachment with an address, with all other like empowered.					1					