

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90070 039 \*\*\*150.00

DOCUMENT # P02000099799

1. Entity Name  
CRACKER TALES, INC.

Principal Place of Business

1565 GRACEWOOD LANE  
VERO BEACH FL 32963

Mailing Address

1565 GRACEWOOD LANE  
VERO BEACH FL 32963

2. Principal Place of Business

1937 OGDON HAVEN HWY  
SUITE, APT. #, etc.  
#104

3. Mailing Address

PO BOX 6728  
SUITE, APT. #, etc.

City &amp; State

VERO BEACH, FL

City &amp; State

VERO BEACH FL

Zip

32960

Country

Indian River

Zip

32961-6728

Country

Indian River

4. FEI Number

#56-2312854

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOPWOOD, NANCY  
1565 GRACEWOOD LANE  
VERO BEACH FL 32963

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
<del>CEO</del>	TERRY, CHARLOTTE	P.O. BOX 8206	VERO BEACH FL 32963	<input type="checkbox"/>
<del>CTO</del>	HOPWOOD, NANCY	1565 GRACEWOOD LANE	VERO BEACH FL 32963	<input type="checkbox"/>
<del>SECRETARY</del>	SEXTON, SHAWN	7800 37TH STREET	VERO BEACH FL 32966	<input checked="" type="checkbox"/>
<del>COO</del>	GOREY, CALLIE	3745 OCEAN DRIVE	VERO BEACH FL 32960	<input checked="" type="checkbox"/>
<del>COO</del>	LOV, ALMA L	2038 35TH AVENUE	VERO BEACH FL 32960	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PRESIDENT			<input checked="" type="checkbox"/>
	Secretary			<input checked="" type="checkbox"/>
	Vice President			<input checked="" type="checkbox"/>
	Treasurer			<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charlotte Terry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/03

Daytime Phone #

772 532-7145

CR2E034 (10/02)