

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90073 011 ***150.00

DOCUMENT # P02000120252

1. Entity Name
TED CRANIAS & ASSOCIATES INC.



Principal Place of Business
**54 NARANJA ROAD
DEBARY FL 32713**

Mailing Address
**P O BOX 622466
OVIEDO FL 32762-2466**

2. Principal Place of Business
**107 West 1st Street
Suite, Apt. #, etc.
Suite 100**

3. Mailing Address
[REDACTED]
Suite, Apt. #, etc.

City & State
Sanford FL

City & State
[REDACTED]

4. FEI Number
56-2301581

Applied For
Not Applicable

Zip Country
32771 USA

Zip Country
[REDACTED]

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRANIAS, THEODORE M
54 NARANJA ROAD
DEBARY FL 32713**

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 _____ (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 |
|-------|----------------------------|------------------------|------------------------|---------------------------------|
| | D | | | |
| | CRANIAS, THEODORE M | 54 NARANJA ROAD | DEBARY FL 32713 | |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 **407-758-4858**
Date Daytime Phone #

CR2E034 (10/02)