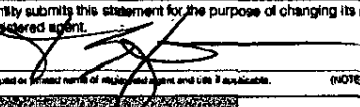
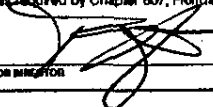


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91464 048 ***150.00

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

DOCUMENT # P93000057265		
1. Entity Name CRAIGELLACHIE INC.		
Principal Place of Business 1442 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418 US		Mailing Address 1442 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418 US
2. Principal Place of Business 4250 N A1A Suite, Apt. #, etc. #1101		3. Mailing Address 4250 N A1A Suite, Apt. #, etc. #1101
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL
Zip 34949	Country USA	Zip 34949
4. FEI Number		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSON, GRANT W 1442 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name THOMAS S JOHNSTON Street Address (P.O. Box Number is Not Acceptable) 4250 N A1A #1101 City FORT PIERCE FL Zip Code 34949
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  DATE 4/25/03 (Signature, typed or printed name of registered agent, and date 7 available. (NOTE: Registered Agent signature required when appointing)		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
D JOHNSTON, THOMAS S 4250 N A1A #1101 FORT PIERCE, FL 34949		
[Delete] ☐		[Change] ☐ [Addition] ☐
[Delete] ☐		[Change] ☐ [Addition] ☐
[Delete] ☐		[Change] ☐ [Addition] ☐
[Delete] ☐		[Change] ☐ [Addition] ☐
[Delete] ☐		[Change] ☐ [Addition] ☐
[Delete] ☐		[Change] ☐ [Addition] ☐
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: THOMAS S JOHNSTON  DATE 4/25/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2034 (10/02)