2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

800975533

DOCUMENT # P93000057265

1. Entity Name
CRAIGELLACHIE INC.

Principal Place of Business	Mailing Address
1442 DEVONSHIRE WAY PALM BEACH GRDNS, FL 33418 US	1442 DEVONSHIRE WAY PALM BEACH GRDNS, FL 33418 US

2. Principal Place of Business		3. Mailing Address	
4250 N A1A		4250 N A1A	
Suite, Apt. #, etc. #1101		Suite, Apt. #, etc. #1101	
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL	
Zip 34949	Country USA	Zip 34949	Country USA

☐ CHECK HERE IF MAKING CHANGES

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: [signature] 4/25/03
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	D	☐ Delete
NAME	JOHNSTON, THOMAS S	
STREET ADDRESS	4250 N A1A #1101	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 [signature] 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #