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FILED
Jun 29, 2001 8:00 am
Secretary of State

05-18-2001 91555 034 ***150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044342

1. Entity Name
Cracker Boys, Incorporated

Principal Place of Business
613 St. Johns Ave
Palatka, Fl 32177
US

Mailing Address
PO Box 1973
Palatka Fl 32178
US

[redacted]

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3254327

☐ Applied For
☐ Not Applicable

Zip | Country | Zip | Country

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

6. Name and Address of Current Registered Agent
Barbara Hebert
203 So. Moody Rd
Palatka, Fl 32177

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.

SIGNATURE Barbara Hebert 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE MONTH FEE IS $150.00
After MAY 1, 2001 Fee will be $158.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTS ☐ Delete |
| NAME | Hebert, Barbara |
| STREET ADDRESS | 203 So. Moody Rd |
| CITY-ST-ZIP | Palatka FL 32177 |
| 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 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Hebert 4/30/01 (986) 328-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #