

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068618

1. Entity Name

CRAIGHEAD ENTERPRISES INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 037 ***150.00

Principal Place of Business

30 NORTH BEAL PKWY
FT WALTON BEACH FL 32548
US

Mailing Address

1004 SANDRA DRIVE
MARY ESTER FL 32569

661162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3339572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIGHEAD, DAVID
1004 SANDRA DRIVE
MARY ESTER FL 32569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT 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 NOW
After MAY 1, 2001
Fee IS \$150.00
Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CRAIGHEAD, DAVID
STREET ADDRESS 1004 SANDRA DRIVE
CITY-ST-ZIP MARY ESTER FL 32569

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

TITLE S ☐ Delete
NAME CRAIGHEAD, GAIL M
STREET ADDRESS 1004 SANDRA DR
CITY-ST-ZIP MARY ESTER FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

6661162

DOC# 795000068618

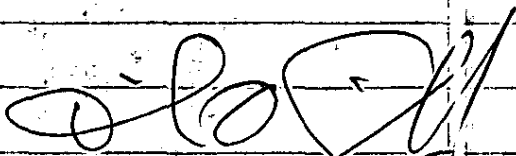
May 31, 01

Dear Sir

I have just returned from a trip to Texas and find that I failed to tell my store manager to pay this bill.

My wife has terminal cancer and we have been at the MD Anderson Hospital in Houston, Texas. I have tried to keep up with bills but failed to tell the store manager where I had this filed to pay. I called a representative at your bureau and he told me to write this letter along with the sum of \$150.00 and await your reply.

Again, sorry about the delay and inconvenience.



DAVID O. CAMERON