

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90072 002 \*\*\*150.00

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**DOCUMENT # P96000016469**

1. Entity Name  
**A. JAMES CRANER, P.A.**



Principal Place of Business  
**1501 E CONCORD ST  
ORLANDO FL 32803  
US**

Mailing Address  
**1501 E CONCORD ST  
ORLANDO FL 32803  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3358373**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANER, A. JAMES  
1501 E CONCORD ST  
ORLANDO FL 32803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CRANER, A. JAMES  
87 INTERLAKEN RD  
ORLANDO FL 32804** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment#*  
*Law Office of*  
**A. James Craner, P.A.**  
Attorney and Counselor at Law

*80135049*  
*P96000016469*

1501 E. Concord St.  
Orlando, Florida 32803  
Reply to: P.O. Box 536207  
Orlando, FL 32853-6207

*Trial Practice*  
Phone (407) 898-8880  
Fax (407) 898-8810

July 25, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Uniform Business Report, May 1, 2003

To Whom It May Concern:

Please be advised I am in receipt of a second Uniform Business Report.

We filed the original business report prior to May 1, 2003. However, we received it back from the U.S. Post Office. When we received it, no part of it was legible except the return address. We were unaware that it was in fact a Uniform Business Report. Additionally, the check was destroyed or missing. I have included a copy of the returned partial envelope as evidence. I hope this satisfactorily explains why you did not receive it.

We have enclosed a second Uniform Business Report along with a check in the amount of \$150.00.

Thank you for your time and attention to this matter. We apologize for any inconvenience this may have caused. If you have any further questions, please contact our office.

Sincerely:

A. JAMES CRANER, ESQUIRE

AJC:jc  
Enclosure