## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000026422

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

(See criteria on back)

CRAIG, ROBERT W

2948 SOUTH 14TH STREET FERNANDINA BEACH FL 32034

9. This corporation is eligible to satisfy its intangible This corporation is engine.

Tax filing requirement and elects to do so.

CRAIG, ROBERT W

2948 SOUTH 14TH STREET

FERNANDINA BEACH FL 32034

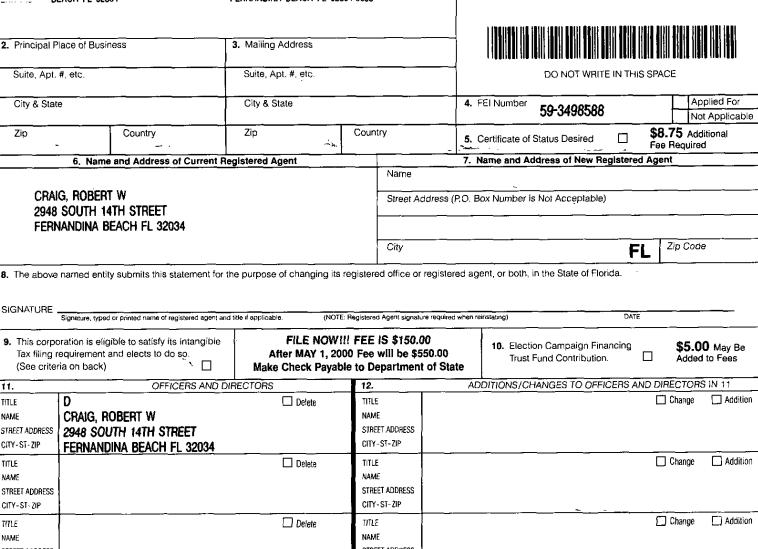
## BOB CRAIG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
SOUTH 14TH STREET BEACH FL 32034	2948 SOUTH 14TH STREET FERNANDINA BEACH FL 32034-8900
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip

## FILED Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90034 020 \*\*\*150.00



STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

Robert N. Carin 4

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Name

City

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.