

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -6 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000044670**
1. Entity Name
CRAIGCO, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4045 SHERIDAN AVE
353
MIAMI BCH FL
33141 USA

DO NOT WRITE IN THIS SPACE

| | |
|---|----------------|
| 4. FEI Number | Applied For |
| 65-0834298 | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CRAIG CURRIE**

Street Address (P.O. Box Number is Not Acceptable)
4045 SHERIDAN AVE

Cit. **MIAMI BCH FL** Zip Code **33141**

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 *Craig Currie* DATE **4-27-3**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| PRESIDENT DIRECTOR CRAIG CURRIE 4045 SHERIDAN # 353 MIAMI BEACH FL 33141 | 800018304988 05/06/03-01102-004 **158.75 |
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *Craig Currie* Date **4-27-3** 9087547727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)