

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022408

1. Entity Name

CRADLES TO CRAYONS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90050 009 ***150.00

Principal Place of Business

1921
1927 27TH AVE.
VERO BEACH FL 32960

Mailing Address

1921
1927 27TH AVE.
VERO BEACH FL 32960-3070

2. Principal Place of Business

Cradles to Crayons, Inc

3. Mailing Address

1921 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

Country

Zip

Country

32960

USA

32960

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRAW, LISA L

171 11TH AVE.

VERO BEACH FL 32962

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

Lisa Schraw

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

(NOTE: Registered Agent signature required when reinstating)

1/4/00
DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SCHRAW, LISA L
171 11TH AVE.
VERO BEACH FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Lisa Schraw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
Date

361-562-2038
Daytime Phone #

CR2F034 (9/99)