


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90210 012 ***150.00

DOCUMENT # P99000048576

1. Entity Name
B & J CRAVEY CORPORATION



Principal Place of Business
P.O. BOX 235, ~~3440~~ JACKS PLACE ⁵⁴¹²⁸
CALLAHAN FL 32011 *Jacks' Place*

Mailing Address ⁵⁴¹²⁸
P.O. BOX 235, ~~3440~~ JACKS PLACE
CALLAHAN FL 32011

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 235, 54128 Jacks' Place
Suite, Apt. #, etc.

City & State
CALLAHAN, Florida

Zip Country
NASSAU 32011 NASSAU

4. FEI Number **59-3585254** 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
CRAVEY, BRENDA C
~~3440~~ JACKS PLACE
CALLAHAN FL 32011
54128

7. Name and Address of New Registered Agent
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 *Brenda C Cravey* DATE *4/24/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE	D <input type="checkbox"/> Delete
NAME	CRAVEY, JAMES J <i>54128</i>
STREET ADDRESS	P.O. BOX 235, 3440 JACKS PLACE
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	D <input type="checkbox"/> Delete
NAME	CRAVEY, BRENDA C <i>54128</i>
STREET ADDRESS	P.O. BOX 235, 3440 JACKS PLACE
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Brenda C Cravey* **BRENDA C CRAVEY** DATE *4/24/03* (904) 819-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)