2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

S60517 DOCUMENT

1. Entity Name

ALLEN CRAIG ASSOCIATES, INC.



Principal Place of Business 515 SEA BREEZE BLVD

SUITE 545 FT. LAUDERDALE FL 33316 2. Principal Place of Business

Mailing Address 515 SEA BREEZE BLVD SUITE 545

FT. LAUDERDALE FL 33316

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90122 005 ***150.00

OUUMTION



☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Zip Country Country

Certificate of Status Desired

65-0273433

Applied For Not Applicable \$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

GOULD, CRAIG 215 N BIRCH RD. FT. LAUDERDALE FL 33304 Name

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

City

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition GOULD, CRAIG NAME 215 N BIRCH RD., #11-C STREET ADDRESS STREET ADDRESS FT. LAUDREDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

STREET ADDRESS CITY-ST-ZIP TITLE

> NAME STREET ADDRESS CiTY-ST-ZIP

☐ Change

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☐ Addition

plied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information indicated on this report or supplen 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 d tee empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if er like emplowered.

SIGNATURE:

☐ Delete