## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## May 12, 2000 8:00 am Secretary of State **DOCUMENT # V57386** 1. Entity Name CRANCO ENTERPRISES, INC. 05-12-2000 90060 048 \*\*\*150.00 Principal Place of Business Mailing Address 2207 MACFARLAND DRIVE 2207 MACFARLAND DRIVE COCOA FL 32922-7032 COCOA FL 32922 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3138036 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRANISKY, EDWARD J JR Street Address (P.O. Box Number is Not Acceptable) 2207 MACFARLAND DRIVE COCOA FL 32922 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CRANISKY, EDWARD J JR NAME NAME 2207 MACFARLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - M'Change \* Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete 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-ZIP olled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al 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 stee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sug indicatéd on this report or supplemer of the corporation or the receiver or changed, or on an attachment with address, with all other