

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90029 018 ***158.75

DOCUMENT # P97000108299

1. Entity Name

THE CRAIGMORE CORPORATION

Principal Place of Business

Mailing Address

700 S FEDERAL HWY. STE 200
 BOCA RATON FL 33432

700 S FEDERAL HWY. STE 200
 BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

2600 S Ocean Blvd 21F

GARY L SHAPIRO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

21F

P.O. Box 27-3369

City & State

City & State

Boca Raton, Florida

PO Boca Raton FL

Zip

Country

Zip

Country

33432

Palm Beach

33427

Palm Beach

4. FEI Number

65-0801743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBUTTI, RICHARD
 700 S FEDERAL HWY, STE 200
 BOCA RATON FL 33432

Name

GARY L SHAPIRO

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

2600 S Ocean Blvd, 21F

City

Boca Raton

FL

Zip Code

33432

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

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, 2001 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 PD Delete
 NAME SHAPIRO, LLOYD
 STREET ADDRESS 2 HARTFORD DRIVE, STE 204
 CITY-ST-ZIP TINTON FALLS NJ 07701

TITLE Change Addition
 NAME
 STREET ADDRESS 40 Fieldstone Drive
 CITY-ST-ZIP Somerville, NJ 08876

TITLE S Delete
 NAME MCMILLEN, COLLEEN S
 STREET ADDRESS 700 S FEDERAL HWY, STE. 200
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE Change Addition
 NAME
 STREET ADDRESS P.O. Box 24-269
 CITY-ST-ZIP CHRISTIANSTED, ST. CROIX USVI 00824

TITLE VD Delete
 NAME SHAPIRO, GARY L
 STREET ADDRESS 700 S FEDERAL HWY, STE. 200
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE Change Addition
 NAME
 STREET ADDRESS P.O. Box 24-279
 CITY-ST-ZIP CHRISTIANSTED, ST. CROIX USVI 00824

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

05107