

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F12564**

1. Entity Name

ALESICA HOUSE OF CRAFTS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90078 046 ***150.00

Principal Place of Business

Mailing Address

% WILLIAM E FORE
 1034 LAKE HAVEN DRIVE
 LUTZ FL 33549

% WILLIAM E FORE
 1034 LAKE HAVEN DRIVE
 LUTZ FL 33549-6736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2053071

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FORE, WILLIAM E
1034 LAKE HAVEN DRIVE
LUTZ FL 33549

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

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, 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	DP	<input type="checkbox"/> Delete
NAME	FORE, WILLIAM E	
STREET ADDRESS	1034 LAKE HAVEN DRIVE	
CITY - ST - ZIP	LUTZ, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FORE, CHRISTINE	
STREET ADDRESS	1034 LAKEHAVEN DRIVE	
CITY - ST - ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
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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: *William E Fore*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
 Date

813-949-1902
 Daytime Phone #

CR2E034 (9/99)