

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90122 046 ***150.00

0414830 AV

DOCUMENT # F12564
 1. Entity Name
ALESICA HOUSE OF CRAFTS, INC.

Principal Place of Business % WILLIAM E FORE 1034 LAKE HAVEN DRIVE LUTZ FL 33549	Mailing Address % WILLIAM E FORE 1034 LAKE HAVEN DRIVE LUTZ FL 33549
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2. Principal Place of Business 1034 Lake Haven DR Suite, Apt. #, etc.	3. Mailing Address 1034 Lake Haven Dr Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Lutz, FL	City & State Lutz FL	4. FEI Number 59-2053071	Applied For <input type="checkbox"/> Not Applicable
Zip 33559	Country	Zip 33559	Country

6. Name and Address of Current Registered Agent
FORE, WILLIAM E
1034 LAKE HAVEN DRIVE
LUTZ FL 33549

7. Name and Address of New Registered Agent
 Name **William E. Fore**
 Street Address (P.O. Box Number is Not Acceptable)
1034 Lake Haven DR
 City **Lutz** State **FL** Zip Code **33559**

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 **William E. Fore** **William E. Fore** **2-11-02**
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORE, WILLIAM E 1034 LAKE HAVEN DRIVE LUTZ, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FORE, CHRISTINE 1034 LAKEHAVEN DRIVE LUTZ FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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** **William E. Fore** **2-11-02** **813-949-1902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)