2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
03-06-2003 90135 031 ***150.00

DOCUMENT # P02000096798

1. Entity Name
CROCHET FINGER GUARD CORP.

Principal Place of Business	Mailing Address
12340 N.E. 6TH COURT NORTH MIAMI FL 33161	12340 N.E. 6TH COURT NORTH MIAMI FL 33161

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2699 Stirling Road	2699 Stirling Road
Suite, Apt. #, etc. A-305	Suite, Apt. #, etc. A-305
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33026 Country: BROWARD	Zip: 33026 Country: Broward

4. FEI Number 55-0796499 ☐ 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
THOMAS, SR., MR. JOHN 12340 N.E. 6TH COURT NORTH MIAMI FL 33161	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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S THOMAS, JOHN 12340 N.E. 6TH COURT NORTH MIAMI FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T WOLFERT, JULIA 12340 N.E. 6TH COURT NORTH MIAMI FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Thomas / John Thomas 2-25-03 305-637-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #