

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024255

1. Entity Name
CRAFTSMAN EXTERIORS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90303 036 ***150.00

Principal Place of Business Mailing Address
6611 N HALE AVE **6611 N HALE AVE**
TAMPA FL 33614 **TAMPA FL 33614-7026**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4420 N. Hale Ave **4420 N. Hale Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, FL **Tampa, FL**

4. FEI Number Applied For
59-3432412 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33614-7026 **USA** **33614-7026** **USA** **\$8.75**

6. Name and Address of Current Registered Agent
SERRANO, ANTONIO T
6611 N HALE AVE
TAMPA FL 33614

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
10411 Oakbrook Dr.
City State Zip Code
Tampa **FL** **33624**

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: _____ DATE: **4/27/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, NORA S	NAME	
STREET ADDRESS	6611 N HALE AVE	STREET ADDRESS	10411 Oakbrook Dr.
CITY-ST-ZIP	TAMPA FL 33614	CITY-ST-ZIP	Tampa, FL 33624
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, ANTONIO T	NAME	
STREET ADDRESS	6611 N HALE AVE	STREET ADDRESS	10411 Oakbrook Dr.
CITY-ST-ZIP	TAMPA FL 33614	CITY-ST-ZIP	Tampa, FL 33624
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Serrano* DATE: **4/26/00** DAYTIME PHONE #: **813-889-7663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)