

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90136 022 ***550.00

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DOCUMENT # P01000080397

1. Entity Name
1-2-3 CRAFTS, INC.



Principal Place of Business
**234 S. SEMORAN BLVD.
ORLANDO FL 32807**

Mailing Address
**234 S. SEMORAN BLVD.
ORLANDO FL 32807**

2. Principal Place of Business
118 S. SEMORAN BLVD

3. Mailing Address
118 S. SEMORAN BLVD



CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number **59-3738004**
Applied For
 Not Applicable

Zip
32807

Zip
32807

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, VIVIAN
234 S. SEMORAN BLVD.
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name **THOMPSON, VIVIAN**
Street Address (P.O. Box Number is Not Acceptable)
118 S. SEMORAN BLVD.
City **ORLANDO** FL Zip Code **32807**

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 *Vivian A. Thompson*
Signature, typed or printed name of registered agent and title if applicable.

09-03-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **DPT THOMPSON, VIVIAN**
STREET ADDRESS **3071 GOLDEN VIEW LN.**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DV CONSOLE, VIVIAN**
STREET ADDRESS **4603 S. GOLDENROD RD.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DS THOMPSON, ALAN**
STREET ADDRESS **3071 GOLDEN VIEW LN.**
CITY-ST-ZIP **ORLANDO FL 32812**

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Vivian A. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-03-03
Date Daytime Phone #

CR2E034 (10/02)

Attachment

80144928
PO1000080397

ONE-234 328072069 1N 21 07/09/03
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

PO1000080397

To whom it may concern,

Sorry this is so late
we moved in March +
changed mail Boxes- When
the new Tenant Took over
they gave us both envelopes
that were sent from you.
Thank-you for your
time in this matter.

Sincerely

Kieran Thompson