

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90020 038 \*\*\*150.00

**DOCUMENT # 331917**

1. Entity Name

**CRAFTSMAN PANEL CORPORATION**

Principal Place of Business

9636 NW 5TH AVE RD  
 MIAMI FL 33138  
 US

Mailing Address

9636 NE 5TH AVE RD  
 MIAMI FL 33138-2443  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1278998**

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

**MCKILLOP JR, ROY,  
 9636 N.E. 5TH AVENUE ROAD  
 MIAMI SHORES FL 33138**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MCKILLOP JR., ROY	9636 N.E. 5TH AVE. RD.	MIAMI SHORES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WOODWARD, RAY	5001 S.W. 172ND AVE.	FT. LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	MCKILLOP, LINDA	9636 N.E. 5TH AVE. RD.	MIAMI SHORES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCKILLOP, LINDA	9636 N.E. 5TH AVE. RD.	MIAMI SHORES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/17/00 (305) 7584982**