

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90987 043 ***150.00

05/05/03 AV

DOCUMENT # 441556

1. Entity Name

JO-DEL CRAFTS, INCORPORATED



Principal Place of Business
6340 LAND OF LAKES BLVD.
P.O. BOX 385
LAND O LAKES FL 34639

Mailing Address
6340 LAND OF LAKES BLVD.
P.O. BOX 385
LAND O LAKES FL 34639



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1558305		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRICKING, ADELE D. 6340 LAND O LAKE BLVD LAND O LAKES FL FL 33539				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 _____ (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 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BRICKING, EDWARD J.	6340 LAND O LAKES BLVD				
		LAND O LAKE FL					
	SD	BRICKING, ADELE D.	6340 LAND O LAKES BLVD				
		LAND O LAKE FL					
	D	BRICKING, JERRY J	6340 LAND O LAKES BLVD				
		LAND O LAKES FL					
	D	MRECHANT, J. ROBERT	6340 LAND O LAKES				
		LAND O LAKES FL					
	D	MERCHANT, JAMES B	6340 LAND O LAKES BLVD				
		LAND O LAKES FL					

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:

SIGNATURE REQUIRED

4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)