

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520006

1. Entity Name

CRAFT TOWN INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90153 040 \*\*\*150.00

Principal Place of Business

2500 SOUTH 56TH AVENUE  
HOLLYWOOD FL 33023

Mailing Address

2500 SOUTH 56TH AVENUE  
HOLLYWOOD FL 33023-4163

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1707454

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

ALLEN, DOUGLAS  
2500 SOUTH 56TH AVE.  
HOLLYWOOD FL 33023

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          | SD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SIMMONS, PATRICIA     |  |
| STREET ADDRESS | 6770 CLEVELAND STREET |  |
| CITY-ST-ZIP    | HOLLYWOOD FL          |  |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SIMMONS, DAVID        |  |
| STREET ADDRESS | 5612 SW 26TH STREET   |  |
| CITY-ST-ZIP    | HOLLYWOOD FL          |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P/S/D               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DOUGLAS T. ALLEN    |  |
| STREET ADDRESS | 6114 SW 33 STREET   |  |
| CITY-ST-ZIP    | MIRAMAR, FL 33023   |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WILLIAM H. ALLEN    |  |
| STREET ADDRESS | 1720 Renell Drive   |  |
| CITY-ST-ZIP    | Slide 11, LA 70460  |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CAROL FAIRCHILD     |  |
| STREET ADDRESS | 1105 Violette Drive |  |
| CITY-ST-ZIP    | Soddy Daisy TN      |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Francis M. Allen    |  |
| STREET ADDRESS | 22615 Stuhwin Road  |  |
| CITY-ST-ZIP    | Batt Lectech, MI    |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Charles Allen       |  |
| STREET ADDRESS | 750 N. 63 Avenue    |  |
| CITY-ST-ZIP    | Hollywood, FL 33024 |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jean Quarles        |  |
| STREET ADDRESS | 496 Hancock Road    |  |
| CITY-ST-ZIP    | Taspen, TN          |  |

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

DOUGLAS T. ALLEN 4/11/00

Date

(954) 964-0660

Daytime Phone #