

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 004 ***150.00

DOCUMENT # 854153

1. Entity Name

CRAFCO INCORPORATED

Principal Place of Business

Mailing Address

6975 W CRAFCO WAY
CHANDLER AZ 85226-2510
US

P.O. DRAWER 23028
JACKSON MS 39225-3028
US

2. Principal Place of Business

3. Mailing Address

420 N. ROOSEVELT AVENUE
Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

CHANDLER, AZ

4. FEI Number

86-0324978

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Numbers 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's 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	PD LAMPTON, LESLIE B. 2829 LAKELAND DRIVE JACKSON MS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STONE, KATHRYN W. 2829 LAKELAND DRIVE JACKSON MS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROOKS, DONALD M. 6975 W. CRAFCO WAY CHANDLER AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RIHERD, THOMAS S 6975 W CRAFCO WAY CHANDLER AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LAMPTON, WILLIAM W 2829 LAKELAND DRIVE JACKSON MS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MANNING, MARK C 6975 W CRAFCO WY CHANDLER AZ 85226	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 N. ROOSEVELT AVENUE CHANDLER, AZ 85226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 N. ROOSEVELT AVENUE CHANDLER, AZ 85226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 N. ROOSEVELT AVENUE CHANDLER, AZ 85226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

MA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TS Richard, Jr

2/15/00

(602) 276-0406

Date

Daytime Phone #

ATTACHMENT
D# 854153
DW 24/47

CRAFCO, INC.
86-0324978

ATTACHMENT TO FLORIDA 2000 UNIFORM BUSINESS REPORT

11. OFFICERS AND DIRECTORS - CONTINUED:

TITLE	V	<input type="checkbox"/> DELETE
NAME	A. PATRICK BUSBY	
STREET ADDRESS	2829 LAKELAND DRIVE	** DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input type="checkbox"/> DELETE
NAME	J. RONALD ROBINSON	
STREET ADDRESS	420 N. ROOSEVELT AVENUE	
CITY-ST-ZIP	CHANDLER, AZ 85226	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESLIE B. LAMPTON III	
STREET ADDRESS	2829 LAKELAND DRIVE	** DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	