

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90005 012 ***150.00

DOCUMENT # F00000002572

1. Entity Name

CRAFTMADE HOMES, INC.

Principal Place of Business

**710 ASHBURN HWY
 SYLVESTER GA 31015**

Mailing Address

**PO BOX 466
 SYLVESTER GA 31015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2252518**

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

**KRAUSE, WILBURN G
 120 MIRAMAR DR.
 MEXICO BEACH FL 32410**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MCCONNELL, TYRONNE P	
STREET ADDRESS	1002 SCHLEY AVE.	
CITY-ST-ZIP	CORDELE GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DALE, HARRY F	
STREET ADDRESS	2420 MADISON DRIVE	
CITY-ST-ZIP	TIFTON GA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RIGGS, C. AUSTIN	
STREET ADDRESS	240 OLD BLASKSHEAR ROAD	
CITY-ST-ZIP	COEDELE GA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KRAUSE, WILBURN G	
STREET ADDRESS	819 E. 19TH AVE	
CITY-ST-ZIP	CORDELE GA	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Harry F Dale Vice-President 3-30-01

Date

Daytime Phone #

CR2E034 (10/00)