

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90025 015 ***150.00

DOCUMENT # F46392

1. Entity Name

ARISTO-CRAFT BUILDERS, INC.

Principal Place of Business

6860 RALEIGH ST
 HOLLYWOOD FL 33024

Mailing Address

6860 RALEIGH ST
 HOLLYWOOD FL 33024

2. Principal Place of Business

12193 Buraw Ave.

Suite, Apt. #, etc.

Port Charlotte, FL.

City & State

3. Mailing Address

Aristo-Craft Builders Inc.

Suite, Apt. #, etc.

12193 Buraw Ave.

City & State

Port Charlotte, FL.

Zip
33981

Country
U.S.A.

Zip
33981

Country
U.S.A.

4. FEI Number **59-2116251**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOCSKEY, TERENCE
6860 RALEIGH STREET
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name **Bocskey, Terence**
 Street Address (P.O. Box Number is Not Acceptable)
12193 Buraw Ave. ENVOY
 City **Port Charlotte, FL.** **FL** Zip Code **33981**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS BOCSKEY, TERENCE J 6860 RALEIGH ST HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOCSKEY, TERENCE J 6860 RALEIGH ST HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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)(f), 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 and other like empowered.

SIGNATURE: **TERENCE J. BOCSKEY PRES.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

941 828-7780
 Daytime Phone #

CR2E034 (10/00)