

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90081 036 \*\*\*150.00

**DOCUMENT # H00699**

1. Entity Name  
**CARE CRAFT DEVELOPMENT, INC.**



Principal Place of Business  
**13150 DOUBLETREE CIRCLE  
WEST PALM BEACH FL 33414**

Mailing Address  
**13150 DOUBLETREE CIRCLE  
WEST PALM BEACH FL 33414**

2. Principal Place of Business  
**2920 Mary's Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**2920 Mary's Way**  
Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33410-1036**

Country  
**USA**

Zip  
**33410-1036**

Country  
**USA**

4. FEI Number  
**59-2459441**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLIOTT, RICHARD C.  
13150 DOUBLETREE CIRCLE  
WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name **(Same) Elliott, Richard C.**

Street Address (P.O. Box Number is Not Acceptable)  
**2920 Mary's Way**

City **West Palm Beach** FL Zip Code **33410-1036**

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 *Richard C. Elliott* **Richard C. Elliott** President **4/8/03**

Signature, typed or printed name of registered agent and title if applicable. (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

|  |                                 |
|--|---------------------------------|
| TITLE<br><b>P</b>                              | <input type="checkbox"/> Delete |
| NAME<br><b>ELLIOTT, RICHARD C.</b>             |                                 |
| STREET ADDRESS<br><b>13150 DOUBLETREE CIR</b>  |                                 |
| CITY-ST-ZIP<br><b>WEST PALM BEACH FL 33414</b> |                                 |
| TITLE<br><b>ST</b>                             | <input type="checkbox"/> Delete |
| NAME<br><b>ELLIOTT, PATRICIA A.</b>            |                                 |
| STREET ADDRESS<br><b>13150 DOUBLETREE CIR.</b> |                                 |
| CITY-ST-ZIP<br><b>WEST PALM BEACH FL 33414</b> |                                 |
| 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                                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br><b>P</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ELLIOTT, RICHARD C.</b>                   |  |
| STREET ADDRESS<br><b>2920 Mary's Way</b>             |  |
| CITY-ST-ZIP<br><b>West Palm Beach, FL 33410-1036</b> |  |
| TITLE<br><b>ST</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ELLIOTT, PATRICIA A.</b>                  |  |
| STREET ADDRESS<br><b>2920 Mary's Way</b>             |  |
| CITY-ST-ZIP<br><b>West Palm Beach FL 33410-1036</b>  |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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            |
| NAME   |  |
| STREET ADDRESS                                       |  |
| CITY-ST-ZIP  |  |

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: *Patricia A. Elliott* **Patricia A. Elliott** 4/8/03 (561) 744-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)