

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91310 006 \*\*\*150.00

0571921 AV

**DOCUMENT # J04847**

1. Entity Name  
**BAG AND KEG CRAFTS, INC.**



Principal Place of Business  
**1927 SW COLLEGE RD  
STE #200  
OCALA FL 34474  
US**

Mailing Address  
**1 NE 1ST AVE  
SUITE 303  
OCALA FL 34470  
US**

**11024595**



2. Principal Place of Business

3. Mailing Address

**1927 SW College Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 200**

City & State

City & State

**Ocala FL**

Zip

Country

Zip

Country

**34474**

**USA**

4. FEI Number

**59-2648922**

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

**TROW, CHESTER J.  
1 NE FIRST AVE  
SUITE 303  
OCALA FL 34470**

Name

**Dennis Griffin**

Street Address (P.O. Box Number is Not Acceptable)

**1927 SW College Rd**

City

**Ocala**

FL

Zip Code

**34474**

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, the registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**4-23-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, BARBARA A 2102 SE 25TH ST OCALA FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFIN, DENNIS J 16781 SE 181ST TERRACE WEIRSDALE FL 32195	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENNIS J. GRIFFIN 16731 SE 181ST TERRACE WEIRSDALE, FL. 32195	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREAS. FRANCES E. GRIFFIN 16731 SE 181ST TERRACE WEIRSDALE, FL. 32195	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**352-867-7599**

Daytime Phone #

CR2E034 (10/02)