

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12111

1. Entity Name

KRAFT PROPERTIES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90076 006 ***150.00

Principal Place of Business

Mailing Address

1480 RUE DE BAYONNE
SUITE 302
CLEARWATER FL 34622

1480 RUE DE BAYONNE
SUITE 302
CLEARWATER FL 34622

633345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14820 RUE DE BAYONNE

14820 RUE DE BAYONNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

SUITE 302

City & State

City & State

CLEARWATER, FLORIDA

CLEARWATER, FLORIDA

Zip

Country

Zip

Country

33762

PINELLAS

33762

PINELLAS

4. FEI Number

59-2671587

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

KRAFT, CLARENCE THOMAS
14820 RUE DE BAYONNE
SUITE 302
CLEARWATER FL 34622

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, 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	DPS	<input type="checkbox"/> Delete
NAME	KRAFT, CLARENCE T.	
STREET ADDRESS	14820 RUE DE BAYONNE, STE 302	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	KRAFT, COLLEEN	
STREET ADDRESS	14820 RUE DE BAYONNE, STE 302	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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
NAME	
STREET ADDRESS	
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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)(l), 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:

Clarence T. Kraft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

727-573-2214

Daytime Phone #

CR2E034 (9/99)

Starlight Tower, Inc.

7000 Beach Plaza --- St. Petersburg Beach, Florida 33706

Telephone 360-8820

Attachment
LEB3345
#J12111

D

Reardon, Paul

7000 Beach Plaza #1002

St. Pete Beach, FL. 33706