

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90343 038 ***150.00

0465771 AV

DOCUMENT # J41646

1. Entity Name
CRAFT EQUIPMENT COMPANY



Principal Place of Business
**6801 ADAMO DRIVE
TAMPA FL 33619**

Mailing Address
**6801 ADAMO DRIVE
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2793555**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**CLAUER, JOSEPH J. III
6801 ADAMO DRIVE
TAMPA FL 33619**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	CLAUER, JOSEPH J. III	
STREET ADDRESS	6801 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HAEMMERLIE, JOHN D.	
STREET ADDRESS	6801 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLAUER, PAMELA G.	
STREET ADDRESS	6801 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHADWELL, HAROLD A.	
STREET ADDRESS	6801 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CIESLAK, WALTER C.	
STREET ADDRESS	6801 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAYS, DONALD L., JR.	
STREET ADDRESS	6801 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	

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		
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: *John D. Haemmerlie* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2003 813-421-4971
Date Daytime Phone #

CR2E034 (10/02)