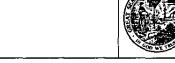
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 1. Entity Name

J50414

CRAFT USED FOLIPMENT, INC.



**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90208 037 \*\*\*150.00

Э.	
٣	
Ρ.	
•	
45000	
≺	
Y	
v	
70	
•	
2	
٠.	

	OCD EGO!! W.E	111, 1110.							
922 W. BRA1	Principal Place of Business Mailing Address 922 W. BRANDON BLVD. 922 W. BRANDON FL 33511  BRANDON FL 33511  BRANDON FL 33511						64 6184 <b>6</b> 184		
2. Principal F	Principal Place of Business 3. Mailing Address			i inniiin eien oilli delli bihad		BII BIBII BEBII	<b>6</b> 1531 31311 1861		
Suite, Apt. #, etc. Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES					
City & State City & State			4	4. FEI Number 59-274737	2	<u> </u>	oplied For ot Applicable		
Zip	Counti	y Zip		Country		5. Certificate of Status Desired		8.75 Add	
	6. Name and Add	ress of Current Registers	ed Agent:		7	7. Name and Address of New	Registered A	gent -	
0014	WIDA F			Name					}
Craft, Lynda e 2208 Malibu Drive		Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
BRANDO	N FL 33511			1					}
				City			FL	Zip Cod	e
	named entity submits ions of registered age		ose of changing its re	gistered office or regis	stered	agent, or both, in the State of F	orida. I am fa	miliar with,	and accept
SIGNATURE .			<u> </u>	_					
·		rne of registered agent and title if app	olicable. (NOTE: R	tegistered Agent signature req	uired whe	en reinstating)	DATE		
Afte	ILE NOW!!! FEE I r May 1, 2003 Fee w c Payable to Florida	•	ì			<ol> <li>Election Campaign F</li> <li>Trust Fund Contribution</li> </ol>			May Be I to Fees
10.	3	OFFICERS AND DIRECTO	PRS	11.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRAFT, LYNDA E 2208 MALIBU DF BRANDON FL 33	}	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, and a second			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	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:** 

NING OFFICER OR DIRECTOR

Daytime Phone #