

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L36157

FILED  
Sep 05, 2003  
Secretary of State

**Entity Name:** ASSOCIATED CRAFTSMEN OF AMERICA, INC.

## Current Principal Place of Business:

225 E. ACRE DRIVE  
PLANTATION, FL 33317 US

## New Principal Place of Business:

## Current Mailing Address:

225 E. ACRE DRIVE  
PLANTATION, FL 33317 US

## New Mailing Address:

**FEI Number:** 59-2984798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

BURLEY, NANCY E.  
225 E. ACRE DRIVE  
PLANTATION, FL 33317 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURLEY, NANCY E  
Address: 225 EAST ACRE DRIVE  
City-St-Zip: PLANTATION, FL 33317 US

Title: ST (X) Delete  
Name: BURLEY, JEFFREY A  
Address: 225 EAST ACRE DRIVE  
City-St-Zip: PLANTATION, FL 33317 US

Title: VP (X) Delete  
Name: SPINELLI, LOUISE J  
Address: 600 SW 68 BLVD  
City-St-Zip: HOLLYWOOD, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: BURLEY, NANCY E  
Address: 225 EAST ACRE DRIVE  
City-St-Zip: PLANTATION, FL 33317 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY E. BURLEY

PDS

09/05/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date