2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L41547 DOCUMENT

10413 N. OTIS AVENUE

C/O JAMES B. CROFT



1. Entity Name. CROFT ENTERPRISES, INC. Principal Place of Business



Mailing Address 10413 N. OTIS AVENUE C/O JAMES B. CROFT

TAMPA FL 33	1612		LAM	IAMPA FL 33812								
2. Principal Place of Business				3. Mailing Address				1				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	NU-ZUUKNIN III			pplied For ot Applicable	
Zip Country			Zip	p Country			5.	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					
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CROFT, J	AMES B.			<u> </u>								
10413 N. OTIS AVENUE				Street Address (dress (P.O.	P.O. Box Number is Not Acceptable)				
TAMPA FI	L 33612											
						City		T	FI	Zip Cod	le	
8. The above the obliga	e named entity tions of regist	v submits this statement ered agent.	for the purp	oose of changing its	registere	l ed office or n	egistered a	agent, or both, in the State of Florid	ia. I am f	familiar with,	and accept	
SĮGNATURE	Signature, typed	or printed name of registered age	nt and title if ap	plicable, (NOTE	: Registere	d Agent signature	e required when	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of St								Election Campaign Finar Trust Fund Contribution.		\$5.0 Added	00 May Be d to Fees	
10.	1	OFFICERS AN	D DIRECTO		11.		Α	ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROFT, JA 10413 N. (TAMPA FL	MES B. Otis avenue		☐ Delete	•	į.				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	a + Las		☐ Delete	STRE	E	ميردن جوها		. 	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP				☐ Delete						☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90135 028 ***150.00

CR2E034 (10/02)