

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L87728**

1. Entity Name
CRAFTSYSTEMS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91077 033 ***150.00

Principal Place of Business
**3657 CORTEZ RD W.
#100
BRADENTON FL 34210**

Mailing Address
**3657 CORTEZ RD W.
#100
BRADENTON FL 34210**

00055068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3639 Cortez Rd. W.

3. Mailing Address
3639 Cortez Rd. W.

Suite, Apt. #, etc.
Suite 212

Suite, Apt. #, etc.
Suite 212

City & State
Bradenton FL

City & State
Bradenton FL

4. FEI Number
38-2746264

Applied For
Not Applicable

Zip
34210

Country
U.S.A.

Zip
34210

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRAFT, LARRY L
1908 78TH ST. NW
BRADENTON FL 34209**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **D** ☐ Delete
NAME **CRAFT, LARRY L.**
STREET ADDRESS **1908 78TH ST. NW.**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Douglas Waldo, CEO 4/25/01 941 727 2650

Date

Daytime Phone #

CR2E034 (10/00)