

04-25-2003 90255 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L87728**

1. Entity Name  
**CRAFTSYSTEMS, INC.**



Principal Place of Business      Mailing Address  
 3639 CORTEZ RD. W.                      3639 CORTEZ RD. W.  
 SUITE 212                                      SUITE 212  
 BRADENTON, FL 34210    US              BRADENTON, FL 34210    US

11017710

2. Principal Place of Business      3. Mailing Address  
**1401 MANATEE AVE W.**                      **1401 MANATEE AVE W.**  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.  
**1100**                                                      **1100**  
 City & State                                      City & State  
**BRADENTON, FL**                                      **BRADENTON, FL**  
 Zip                                                      Zip                                                      Country  
**34205**                                                      **34205**                                                      **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number                                      Applied For  
**38-2748284**                                      Not Applicable

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

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

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 date if applicable)      (NOTE: Registered Agent's signature required when withdrawing)

**FILE NOW!!! FEE IS: \$150.00**  
 After May 12, 2003 Fee will be \$650.00  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRAFT, LARRY L.<br>1908 78TH ST. NW.<br>BRADENTON, FL 34209<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Doug Waldo      Date: 4-23-03      Daytime Phone #: 941-748-6477

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CFR2E034 (10/02)