2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L96332

FILED Apr 25, 2003 Secretary of State

Entity Nai	me: KRAFT N	OTORCAR CO., INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	97TH BLVD. LLE, FL 32606	S				
Current Mailing Address:			New Mailing Address:			
	97TH BLVD. LLE, FL 32606	\$				
FEI Number:	: 59-3026665	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BACOA RA	H FÉDERAL H ATON, FL 334		ourpose of changing i	ts registered	office or registered agent, or both	٦,
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	-
	mpaign Financing S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTO	DRS:
Title: Name: Address: City-St-Zip:	DP () KRAFT, ERIC B 7313 SW 105TI GAINESVILLE,	AVE	Title: Name: Address: City-St-Zip:	DP (KRAFT, PETE 13414 NW 19 GAINESVILLE	OTH PLACE	
Title: Name: Address: City-St-Zip:	DV () KRAFT, CHRIS 13100 NW 50TI GAINESVILLE,	HAVE	Title: Name: Address: City-St-Zip:	KRAFT, CHR	X) Change()Addition ISTOPHER L, . RRY PARK BLVD IE, FL 32311	

Title: () Delete Name: KRAFT, PETER D., 13414 NW 19TH PLACE Address: City-St-Zip: GAINESVILLE, FL

Title: ST (X) Delete MCKIE, RUTH M. Name: 2828 SW 40TH AVENUE Address: GAINESVILLE, FL City-St-Zip:

7313 SW 105TH AVE GAINESVILLE, FL 32608

KRAFT, ERIC B.,

(X) Change () Addition

() Change () Addition

DST

Name: Address: City-St-Zip:

Title:

Title:

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: PETER D KRAFT DP 04/25/2003