

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
 03-08-2000 90017 027 ***150.00

DOCUMENT # **M 877 69** ✓ (9)

1. Entity Name

KRAFTRONICS, Inc.

Principal Place of Business

Mailing Address

**3025 W. Nine mile Rd
 Pensacola, FL 32534**

Same

00030622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2894232

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILTON CRAFT
 3025 W. Nine mile Rd
 Pensacola, FL 32534**

7. Name and Address of New Registered Agent

Name **MILTON CRAFT**
 Street Address (P.O. Box Number is Not Acceptable)
3025 W. 9 mile Rd
 City **Pensacola** **FL** Zip Code **32534**

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)

2-20-00

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, 2000 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input type="checkbox"/> Delete
NAME	MILTON J. CRAFT	
STREET ADDRESS	3025 W. 9 mile Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE	UD	<input checked="" type="checkbox"/> Delete
NAME	Stokes, Cl. & Yvonne	
STREET ADDRESS	3025 W. 9 mile Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Thomas Lambert	
STREET ADDRESS	3025 W. 9 mile Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELCINE CRAFT	
STREET ADDRESS	3025 W. Nine mile Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

2-20-00

850-478-4101

CR2E034 (9/99)