

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90066 048 \*\*\*150.00

DOCUMENT # P00000029868

1. Entity Name

PRO-CRAFT OF CENTRAL FLORIDA, INC.

Principal Place of Business

925 S. SEMRANO BLVD., STE. 102  
WINTER PARK FL 32792

Mailing Address

925 S. SEMRANO BLVD., STE. 102  
WINTER PARK FL 32792

2. Principal Place of Business

4303 Vineland Road

Suite, Apt. #, etc.

F12

3. Mailing Address

4303 Vineland Road

Suite, Apt. #, etc.

F12

City & State

Orlando FL

City & State

Orlando FL

Zip

32811

Country

Orange

Zip

32811

Country

Orange

4. FEI Number

59-3633509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT HOLBROOK, CHRISTOPHER

925 S. SEMRANO BLVD., STE. 102

WINTER PARK FL 32792

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

*Scott Holbrook*  
Signature, typed or printed name of registered agent and title if applicable.

Scott Holbrook 1/24/02

(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, 2002 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 SCOTT HOLBROOK, CHRISTOPHER  
STREET ADDRESS 925 S. SEMRANO BLVD., STE. 102  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete  
NAME THOMAS LONG, ELWOOD JR  
STREET ADDRESS 925 S. SEMRANO BLVD., STE. 102  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 4303 Vineland Rd. Ste F12  
CITY-ST-ZIP Orlando, FL 32811

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4303 Vineland Rd Ste F12  
CITY-ST-ZIP Orlando, FL 32811

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

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

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

TITLE ☐ Change ☐ 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:

*Scott Holbrook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Holbrook 1/24/02

Date

Daytime Phone #

0638142 SP

CR2E034 (9/01)