

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 044 ***158.75

DOCUMENT # P00000049477

1. Entity Name

ALL CRAFTSMEN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

427307

2. Principal Place of Business

3483 Hartley Rd.

Suite, Apt. #, etc.

3. Mailing Address

3483 Hartley Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, Florida

City & State

Spring Hill, Florida

4. FEI Number

593646648

Applied For

Not Applicable

Zip

34606

Country

U.S.A.

Zip

34606

Country

U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert G. Mahan

Street Address (P.O. Box Number is Not Acceptable)

3483 Hartley Rd.

City

Spring Hill

FL

Zip Code

34606

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 Robert G. Mahan President

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

Robert G. Mahan

(NOTE: Registered Agent signature required when reinstating)

3-10-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President (P)(C)
Robert G. Mahan
3483 Hartley Rd.
Spring Hill, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President (V)(T)(S)
Arabella A. Mahan
3483 Hartley Rd.
Spring Hill, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR Managing (M)
Glennson A. Mahan
3483 Hartley Rd.
Spring Hill, FL 34606

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Mahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-10-02

Daytime Phone #

352-299-4999

CR2E034B (12/01)