2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90136 005 ***150.00

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DOCUMENT # P00000090882

1. Entity Name
DATACRAFT, INC.

Principal Place of Business	Mailing Address
211 NORTH AMELIA AVENUE SUITE C DELAND FL 32724	211 NORTH AMELIA AVENUE SUITE C DELAND FL 32724

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
317 NORTH FLORIDA AVE	317 NORTH FLORIDA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND, FL	City & State: DELAND FL
Zip: 32720 / Country: UNITED STATES	Zip: 32720 / Country: UNITED STATES

4. FEI Number 59-3672876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COGGINS, LONNIE S
211 NORTH AMELIA AVENUE
SUITE C
DELAND FL 32724

7. Name and Address of New Registered Agent

Name: COGGINS, LONNIE S
Street Address (P.O. Box Number is Not Acceptable): 317 NORTH FLORIDA AVE
City: DELAND FL Zip Code: 32720

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] LONNIE S. COGGINS, REGISTERED AGENT 25 JAN 02
Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGGINS, LESLIE S 211 NORTH AMELIA AVENUE #C DELAND FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COGGINS, LESLIE S 317 NORTH FLORIDA AVE DELAND FL 32720	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COGGINS, LONNIE S 211 NORTH AMELIA AVENUE C DELAND FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D COGGINS, LONNIE S 317 NORTH FLORIDA AVE DELAND FL 32720	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] SIGNATURE REQUIRED LONNIE S COGGINS VICE PRESIDENT 25 JAN 02 (386) 734-7356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #