

07-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -4 AM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000003893**
 1. Entry Name
Design Crafters of Ft. Myers, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12120 Amedicus Ln.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Myers, FL
 Zip
33907
 Country
USA

City & State
 Zip
 Country

4. FEI Number
05-1063894
 Applied For -
 Not Applicable
 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 **John C. Stattel Jr.**
 Street Address (P.O. Box Number is Not Applicable)
12120 Amedicus Ln.
 City **Ft. Myers** FL Zip Code **33907**

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when recasting) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$51.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

10 OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D John C. Stattel Jr. 12120 Amedicus Ln Ft. Myers, FL 33907
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 06/04/03--01073--002 #300.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, employee, or executor of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or an attachment with an address, with all other like employees.

SIGNATURE: *John C. Stattel Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Day/Week/Phone # _____

21615

CR2E0348 (12/02)

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

DOCUMENT # P01000003893

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Design Crafters of Ft. Myers, Inc.



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State, Apt. #, etc.

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City & State
Ft. Myers, FL

City & State

4. FEI Number
05-1063894

Applied For
 Not Applicable

Zip
33907

Country
USA

Zip

Country

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
John C. Staffeld Jr.

Street Address (P.O. Box Number is Not Acceptable)
12120 Amedicus Ln.

City
Ft. Myers

FL

Zip Code
33907

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when applicable)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees.

10 OFFICERS AND DIRECTORS

TITLE	<i>0</i>
NAME	<i>John C. Staffeld Jr.</i>
STREET ADDRESS	<i>12120 Amedicus Ln</i>
CITY-ST-ZIP	<i>Ft Myers, FL 33907</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 file this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like errors corrected.

SIGNATURE:

John C. Staffeld Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CPC02348 (12/02)

21 615

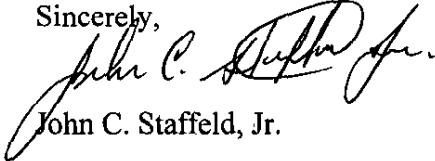
Design Crafters of Ft. Myers
12120 Amedicus Ln.
Ft. Myers, Fl 33907

Re: P01000003893

Dear Sirs:

This letter is to ask for reinstatement of my corporation as I did not receive notice for renewal. I have enclosed a check for \$300 which is for 2 years. Please waive the reinstatement fee.

Sincerely,



John C. Staffeld, Jr.

ph# 239-332-4678