

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 038 ***150.00

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DOCUMENT # P01000044250

1. Entity Name
LANDCRAFT DEVELOPMENT, INC.



Principal Place of Business
**807 S. HOWARD AVE., APT. 104
TAMPA FL 33603**

Mailing Address
**807 S. HOWARD AVE., APT. 104
TAMPA FL 33603**

11029862



2. Principal Place of Business
3009 W. BARCELONA ST.

3. Mailing Address
3009 W. BARCELONA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. B

STE B

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33629

Country
USA

Zip
33629

Country
USA

4. FEI Number
59-3716222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRAFT, JEFFREY
807 S. HOWARD AVE., APT. 104
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3009 W. BARCELONA ST. STE B
City **TAMPA** State **FL** Zip Code **33629**

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **CRAFT, JEFFREY**
STREET ADDRESS **807 S. HOWARD AVE., APT. 104**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
NAME **LANDERS, JAMES**
STREET ADDRESS **807 HOWARD AVE STE 104**
CITY-ST-ZIP **TAMPA FL 33606**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIV/ST** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3009 W. BARCELONA ST. STE B**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3009 W. BARCELONA ST. STE B**
CITY-ST-ZIP **TAMPA, FL 33629**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

813.902.0598
Daytime Phone #

CR2E034 (10/02)