

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90136 022 \*\*\*550.00

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**DOCUMENT # P01000080397**

1. Entity Name  
1-2-3 CRAFTS, INC.



Principal Place of Business  
234 S. SEMORAN BLVD.  
ORLANDO FL 32807

Mailing Address  
234 S. SEMORAN BLVD.  
ORLANDO FL 32807

2. Principal Place of Business

118 S. SEMORAN BLVD  
Suite, Apt. #, etc.

3. Mailing Address

118 S. SEMORAN BLVD  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
ORLANDO, FL

Zip  
32807

Country

City & State  
ORLANDO, FL

Zip  
32807

Country

4. FEI Number 59-3738004

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, VIVIAN  
234 S. SEMORAN BLVD.  
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name THOMPSON, VIVIAN  
Street Address (P.O. Box Number is Not Acceptable)  
118 S. SEMORAN BLVD.  
City ORLANDO FL Zip Code 32807

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 *Vivian A. Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

09-03-03  
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 DPT  
NAME THOMPSON, VIVIAN  
STREET ADDRESS 3071 GOLDEN VIEW LN.  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE DV  
NAME CONSOLE, VIVIAN  
STREET ADDRESS 4603 S. GOLDENROD RD.  
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE DS  
NAME THOMPSON, ALAN  
STREET ADDRESS 3071 GOLDEN VIEW LN.  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Vivian A. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-03-03  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

80144928  
PO1000080397

ONE-234 328072069 1N 21 07/09/03  
RETURN TO SENDER

NO FORWARD ORDER ON FILE  
UNABLE TO FORWARD  
RETURN TO SENDER

PO1000080397

To whom it may Concern,

Sorry this is so late  
we moved in March +  
changed mail Boxes- When  
the new Tenant Took over  
they gave us both envelopes  
that were sent from you.  
Thank- you for your  
time in this matter.

Sincerely

Kieran Thompson