2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000003778 **DOCUMENT#**

1. Entity Name

HURLEY'S CRAFTWORKS, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90058 009 ***150.00

Principal Place of Business 577 GUS HIPP BLVD. ROCKLEDGE FL 32955			Mailing Address 577 GUS HIPP BLVD. ROCKLEDGE FL 32955				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			A IDDINODI 141 DONO 11011 DOLLI DOLLI ODNI BOLLI DEIDO ALII 10012 IONA 1011 (EDA	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State	e	City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip Cour		ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
	والمهادية والمعادية		ريسر سير ريين	_Name		and the second of the second o	
MILLER, MICHELLE L				Street Address (P.O. Box Number is Not Acceptable)			
577 GUS HIPP BLVD.				Street Address (F.O. Box Number is Not Acceptable)			
ROCKLEDGE FL 32955							
THOUTENDAL TE GEODO				7:0:4:			
E.				City		FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name or registered ag	ent and title if applicable.	(NOTE: Registers	na Agent signature	a reduited v	when remarking)	
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 AN	ND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Dele	te TITL	E '	W.	☐ Change	
NAME	HURLEY, DUANE E		NAM	1E .	DAVIN	A. MILLER Z ADDITION	
STREET ADDRESS	1046 JACARANDA CIR.		a	EET ADDRESS	1046	TACARANDA CL.	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY	(-ST-ZIP	Kock	Hedge, F1 32953	
TITLE	SD	Dele	te TITL	E		☐ Change ☐ Addition]	
NAME	GALLAGHER, NICOLE L		NAM				
STREET ADDRESS	2998 BARKWAY DR.			EET ADDRESS			
CITY-ST-ZIP	COCOA FL 32926			r-ST-ZIP			
TITLE	VT	• Dele		_		☐ Change ☐ Addition	
NAME -	MILLER, MICHELLE L	ومعاد عراعات	NAM			A STATE OF THE PARTY OF THE PAR	
STREET ADORESS	1046 JACARANDA CIR.			EET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY	'-ST-ZIP			

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 interport 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 add

TITLE NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REDuane E. Hueley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

321-690-0093

☐ Change

☐ Change

Change

☐ Addition

☐ Addition

Addition