

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90286 043 ***150.00

DOCUMENT # P02000062648



1. Entity Name
EUROPEAN CRAFTS, INC.

Principal Place of Business
14754 PEPPERMILL TRAIL
CLERMONT FL 34711

Mailing Address
14754 PEPPERMILL TRAIL
CLERMONT FL 34711



2. Principal Place of Business
14754 PEPPERMILL TR
Suite, Apt. #, etc.

3. Mailing Address
14754 PEPPERMILL TR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CLERMONT, FL.
Zip
34711
Country
U.S.A.

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CLERMONT, FL.
Zip
34711
Country
U.S.A.

4. FEI Number
01-0713199
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOWALCZYK, TOMASZ M
14754 PEPPERMILL TRAIL
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 Tomasz Kowalczyk
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 23, 2003
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOMASZ KOWALCZYK 14754 PEPPERMILL TRAIL CLERMONT, FLORIDA 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ISABELLE KOWALCZYK 14754 PEPPERMILL TRAIL CLERMONT, FLORIDA 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ISABELLE KOWALCZYK 14754 PEPPERMILL TRAIL CLERMONT, FLORIDA 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Tomasz Kowalczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23, 2003 (352) 243-4610
Date Daytime Phone #

CR2E034 (10/02)