

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

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

05-01-2003 90770 042 ***150.00

DOCUMENT # P02000088518	
1. Entity Name Michael Crafts, Inc.	

DO NOT WRITE IN THIS SPACE

90118008

2. Principal Place of Business 20 W. Murray St.	3. Mailing Address 20 W. Murray St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Beverly Hills, FL	City & State Beverly Hills, FL	4. FEI Number 01 0750811	Applied For ☐
Zip 34465	Country USA	Zip 34465	Country USA
		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 Michael E. Crafts
Street Address (P.O. Box Number is Not Acceptable) 20 W. Murray St.
City Beverly Hills
State FL
Zip 34465

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 fee is applicable.

(NOTE: Registered Agent signature required when reissuing)

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 NAME STREET ADDRESS CITY-ST-ZIP P/T/S Michael E. Crafts 20 W. Murray St. Beverly Hills, FL 34465	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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)(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 on an attachment with an address, with all other lines empowered.

SIGNATURE

Michael E. Crafts

4/28/03

352-527-1153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)