FILED
Jun 23, 2003 8:00 am
Secretary of State

05-05-2003 91802 042 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095548

1. Entity Name
MY CRAFTS BOOTH, INC.

[redacted] 55049496

Principal Place of Business
~~4720 DAUPHINE BLVD.~~
~~TALLAHASSEE, FL 32303~~
243 Sam Smith Circle
Crawfordville, FL 32327

Mailing Address
~~4720 DAUPHINE BLVD.~~ 243 Sam Smith Circle
~~TALLAHASSEE, FL 32303~~ Crawfordville, FL 32327

[redacted]

2. Principal Place of Business: 243 Sam Smith Circle
Suite, Apt. #, etc.: Crawfordville, FL
City & State:
Zip: 32327 County: Wakulla

3. Mailing Address: 243 Sam Smith Circle
Suite, Apt. #, etc.:
City & State: Crawfordville, FL
Zip: 32327 Country: Wakulla

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 20-0009012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RUTLEDGE, CINDY
4720 DAUPHINE BLVD.
TALLAHASSEE, FL 32303

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 Cindy Rutledge 4/29/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS NOW $150.00 AFTER MAY 1, 2003 ... $400.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Cindy Rutledge 243 Sam Smith Circle Crawfordville, FL 32327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Cindy Rutledge 4/29/2003 850-574-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #