

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90146 010 \*\*\*158.75

0038405 AV

**DOCUMENT # P02000109030**

1. Entity Name  
**POWDER CRAFT, INC.**



Principal Place of Business  
**435 CASSAT AVENUE  
JACKSONVILLE FL 32254**

Mailing Address  
**435 CASSAT AVENUE  
JACKSONVILLE FL 32254**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22 386 222 8**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TOUCHTON, FRANK A  
3168 BYRON ROAD  
GREEN COVE SPRINGS FL 32043**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	TOUCHTON, FRANK A	3168 BYRON ROAD	GREEN COVE FL 32043				
ST	TOUCHTON, JOYCE L	3168 BYRON ROAD	GREEN COVE SPRINGS FL 32043				

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:**

*Frank A. Touchton*

**Frank A. Touchton**

**5/10/2003**

**904/389-5450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

*all about*

90134853

# 002000109030

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**O F F I C E**

# MEMO

**To:** FLORIDA DEPT OF STATE/CORPORATIONS  
**From:** MARION GADEN  
**Subject:** UBR REPORTING  
**Date:** MAY 10, 2003

SIRS: WE JUST-FILED AND GOT OUR INC.STATUS THE LAST PART OF 2002 AND HAVE SINCE THEN GOT OUR FEI NUMBER, AND FINALLY CUT OUR FIRST PAYCHECK THE FIRST WEEK OF APRIL 2003. I'M MENTIONING THIS BECAUSE WE THOUGHT WE DID NOT HAVE TO FILE A UBR REPORT UNTIL THE END OF 2003. I CALLED YOUR 850-488-9000 AND SPOKE WITH PATRICK. HE SAID TO SEND IT IN WITH THE \$150.00 PAYMENT AND THERE SHOULD NOT BE A PROBLEM.

MANY THANKS, MARION GADEN