

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90973 036 ***158.75

0596787 AV

DOCUMENT # P02000115042

1. Entity Name

CRAFT MASTERS MILLWORKS INC.



Principal Place of Business
2425 OLD VINELAND ROAD
KISSIMMEE FL 34746

Mailing Address
2425 OLD VINELAND ROAD
KISSIMMEE FL 34746

2. Principal Place of Business

5324 Barefoot Path

3. Mailing Address

5324 Barefoot Path

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee Fl.

City & State

Kissimmee Fl.

Zip

34746

Country

Osceola

Zip

34746

Country

Osceola

4. FEI Number

11-3656143

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HANEY, EDITH E
2425 OLD VINELAND ROAD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name **HANEY, EDITH E.**
Street Address (P.O. Box Number is Not Acceptable)
5324 Barefoot Path
City **Kissimmee** **FL** Zip Code **34746**

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 **Edith E. Haney**

Edith E. Haney

4-10-03

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	D	<input type="checkbox"/> Delete
NAME	HANEY, EDITH E	
STREET ADDRESS	1970 E. OSCEOLA PKWY #337	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANEY, KEITH	
STREET ADDRESS	1970 E. OSCEOLA PKWY #337	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, EDITH E.	
STREET ADDRESS	5324 Barefoot Path	
CITY-ST-ZIP	Kissimmee, FL. 34746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, KEITH	
STREET ADDRESS	5324 Barefoot Path	
CITY-ST-ZIP	Kissimmee, FL. 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Edith E. Haney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

Date

321-443-2021

Daytime Phone #

CR2E034 (10/02)