## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # P92000009588 1. Entity Name 04-17-2002 90044 004 \*\*\*150.00 CRAFTSMAN GROUP, INC, Principal Place of Business Mailing Address 5509 IKE SMITH RD 5509 IKE SMITH ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3151960 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, BRUCE R Street Address (P.O. Box Number is Not Acceptable) 5509 IKE SMITH RD PLANT CITY FL 33565 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME JONES, BRUCE R NAME STREET ADDRESS 5509 IKE SMITH ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HEIL, DESMOND NAME STREET ADDRESS 5505 IKE SMITH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME-NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, write all other like empowered.

CR2E034 (9/01)