

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90109 049 ***150.00

DOCUMENT # **P93000016765**



1. Entity Name
CRAFTSMANSHIP PAINTING INC.

Principal Place of Business
**12236-3 SAG HARBOR COURT
WELLINGTON FL 33414
US**

Mailing Address
**12236-3 SAG HARBOR COURT
WELLINGTON-FL 33414
US**

20002103



2. Principal Place of Business
1018 CAPE COD TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1018 CAPE COD TERRACE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
GREENACRES FL.

City & State
GREENACRES FL

4. FEI Number
65-0389643

Applied For
 Not Applicable

Zip
33413

Country
USA

Zip
33413

Country
USA

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

**CROSS, DEHART A
2538 DORAL WAY
W PALM BCH FL 33407**

"NEW ADDRESS"

Name
CROSS, DEHART

Street Address (P.O. Box Number is Not Acceptable)

1018 CAPE COD TERRACE

City
GREENACRES

FL

Zip Code
33413

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 _____ (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	<input type="checkbox"/> Delete
	PSTD			
	CROSS, DEHART A	2538 DORAL WAY	W PALM BCH FL 33407	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 **561-640-0141**
Date Daytime Phone #

CR2E034 (10/02)