

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90020 013 ***150.00

DOCUMENT # P94000004647

1. Entity Name
PATRICK E. KRAFT, C.P.A., P.A.

Principal Place of Business 2400 E. COMMERCIAL BLVD 800 FT. LAUDERDALE FL 33308 US	Mailing Address 2832 NE 26TH ST 800 FT. LAUDERDALE FL 33305-1715 US
2. Principal Place of Business 6365 NW 6 TH WAY	3. Mailing Address
Suite, Apt. #, etc. #160	Suite, Apt. #, etc.
City & State FT LAUDERDALE, FL	City & State
Zip 33309	Country BLOWARD
4. FEI Number 65-0457974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LETTMAN, ROBERT D 8010 N. UNIVERSITY DR. 2ND FLOOR TAMARAC FL 33321-2118	7. Name and Address of New Registered Agent Name: PATRICK E KRAFT Street Address (P.O. Box Number is Not Acceptable): 2832 NE 26 ST City: FT LAUDERDALE FL Zip Code: 33305
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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: Patrick E Kraft DATE: 1-10-00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D, P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME KRAFT, PATRICK E		NAME KRAFT, PATRICK E	
STREET ADDRESS % 8010 N. UNIVERSITY DR. 2ND FLOOR		STREET ADDRESS 6365 NW 6 TH WAY #160	
CITY-ST-ZIP TAMARAC FL 33321-2118		CITY-ST-ZIP FT LAUDERDALE, FL 33309	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Patrick E Kraft DATE: 1-10-00 DAYTIME PHONE #: 954-776-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICK E KRAFT, PRESIDENT