

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 6TH WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

4. FEI Number

65-0457974

Applied For

Not Applied For

Zip

33304

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

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

TITLE **D** ☐ Delete
NAME **KRAFT, PATRICK E**
STREET ADDRESS **% 8010 N. UNIVERSITY DR. 2ND FLOOR**
CITY-ST-ZIP **TAMARAC FL 33321-2118**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P.** ☐ Change ☐ Add
NAME **KRAFT, PATRICK E**
STREET ADDRESS **6365 NW 6TH WAY #160**
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
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, with all other like empowered.

SIGNATURE:

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

1-10-00

Date

954-776-7779

Daytime Phone #