

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90158 003 ***150.00

DOCUMENT # P94000004647

1. Entity Name

PATRICK E. KRAFT, C.P.A., P.A.



Principal Place of Business

**6365 NW 6TH WAY
#160
FORT LAUDERDALE FL 33309
US**

Mailing Address

**2832 NE 26TH ST
800
FT. LAUDERDALE FL 33305
US**

2. Principal Place of Business

1640 W. Oakland Park Blvd

3. Mailing Address

Suite, Apt. #, etc.
#400

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

City & State

City & State

Zip

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0457974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAFT, PATRICK E
2832 NE 26 ST
FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patrick E Kraft**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/03
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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, PATRICK E	
STREET ADDRESS	6365 NW 6TH WAY #160	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D. P	<input type="checkbox"/> Delete
NAME	Kraft Patrick E	
STREET ADDRESS	1640 W Oakland Park Blvd #400	
CITY-ST-ZIP	Fort Lauderdale FL 33311	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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 Kraft**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03
Date

954-486-6681
Daytime Phone #