

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90051 028 ***150.00

MAKOR 18 AV

DOCUMENT # P96000058023

1. Entity Name
TECH-CRAFT INC.

Principal Place of Business

**22029 US 19 N
CLEARWATER FL 33765
US**

Mailing Address

**22029 US 19 N
CLEARWATER FL 33765
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22019 US 19 N

3. Mailing Address

22019 US 19 N

Suite, Apt. #, etc.

Clearwater FL

Suite, Apt. #, etc.

Clearwater FL

City & State

33765 US

City & State

33765 US

Zip

Country

Zip

Country

4. FEI Number

59-3389336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARDY, STEPHEN C
22029 US 19 N
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

Hardy, Stephen C.

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

22019 US 19 N

Clearwater, FL 33765

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.

SIGNATURE

Stephen C Hardy

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

3-1-02

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, 2002 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 **P** ☐ Delete
NAME **HARDY, STEPHEN C**
STREET ADDRESS **3422 SPRINGFIELD DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **V** ☐ Delete
NAME **HARDY, GREGORY T**
STREET ADDRESS **3422 SPRINGFIELD DR.**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **S** ☐ Delete
NAME **HARDY, KENDY-SUE A**
STREET ADDRESS **3422 SPRINGFIELD DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Kendy Sue A. Hardy **Kendy-Sue Hardy 3-1-02 (727) 796-3140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)