

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 012 ***150.00

DOCUMENT # P96000068350
1. Entity Name
AMERICRAFT ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
556 N. BEACH STREET
3. Mailing Address
556 N. BEACH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

4. FEI Number
59-3396045

Applied For
Not Applicable

Zip 32114 **Country** VOLUSIA

Zip 32114 **Country** VOLUSIA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BLAKE, EUGENE D
Street Address (P.O. Box Number is Not Acceptable)
556 N. BEACH STREET

City DAYTONA BEACH **FL** **Zip Code** 32114

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

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

(NO IL: Registered Agent signature required when re-registering)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 PVST
NAME BLAKE, EUGENE
STREET ADDRESS 556 N. BEACH STREET
CITY - ST - ZIP DAYTONA BEACH FL 32114

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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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene D. Blake

4/29/02

386-253-8471

Date

Daytime Phone #

CR2E034B (12/01)