

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90297 035 ***150.00

DOCUMENT # P96000068350

1. Entity Name
AMERICRAFT ENTERPRISES INC.



Principal Place of Business
556 N. BEACH STREET
DAYTONA BEACH FL 32114
US

Mailing Address
556 N. BEACH STREET
DAYTONA BEACH FL 32114
US

2. Principal Place of Business
600 OAKS STREET

3. Mailing Address
600 OAKS STREET

Suite, Apt. #, etc.
#1B

Suite, Apt. #, etc.
#1B

City & State
PORT ROANGE FL

City & State
PORT ORANGE FL

4. FEI Number
59-3396045

Applied For
Not Applicable

Zip
32127

Country
US

Zip
32127

Country
US

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

6. Name and Address of Current Registered Agent

BLAKE, EUGENE D
556 N. BEACH STREET
DAYTONA BEACH FL 32114

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ **Delete**

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☐ **Change** ☐ **Addition**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 386-756-1100
Date Daytime Phone #

CR2E034 (10/02)