

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073397

1. Entity Name

JOSEPH CRAMER INTERIORS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90145 019 ***150.00

Principal Place of Business

3697 BRIGGS ROAD
LAKE WORTH FL 33461

Mailing Address

3697 BRIGGS ROAD
LAKE WORTH FL 33461-4503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8575 SE Dotie Way

Suite, Apt. #, etc.

8575 SE Dotie Way

City & State

Hobe Sound FL

City & State

Hobe Sound FL

Zip

Country

33455 Martin

Zip

Country

33455 Martin

4. FEI Number

65-0702460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAMER, JOSEPH
3697 BRIGGS ROAD
LAKE WORTH FL 33461

Name

Cramer Joseph

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

8575 SE Dotie Way

City

Hobe Sound

FL

Zip Code

33455

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

Joseph Cramer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CRAMER, JOSEPH
3697 BRIGGS ROAD
LAKE WORTH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Joseph Cramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00

Date

561-545-4178

Daytime Phone #

CR2E034 (9/99)