

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91069 038 ***150.00

DOCUMENT # P96000083277

1. Entity Name
CHANGECRAFT CORPORATION

Principal Place of Business

3322 KILMER DR
 LAKELAND FL 33803

Mailing Address

P O BOX 1279
 LAKELAND FL 33802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3407442**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULER, KELLEY G
3322 KILMER DR
LAKELAND FL 33803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DP	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, DOUG	
STREET ADDRESS	3322 KILMER DR	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOAZ, VERONICA	
STREET ADDRESS	2739 WALNUT STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, MEREDITH	
STREET ADDRESS	100 ALDEN AVE NW APT C5	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHULER, KELLEY G	
STREET ADDRESS	3322 KILMER DR	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBETTA, PAUL	
STREET ADDRESS	10529 BILL LILLY CT	
CITY-ST-ZIP	LAUREL MD 20723	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelley Schuler	
STREET ADDRESS	3322 Kilmer Drive	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG WESLEY	
STREET ADDRESS	3322 Kilmer Drive	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN C. ANGIE II	
STREET ADDRESS	1727 TISDALE ST.	
CITY-ST-ZIP	DURHAM, NC 27705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER
JONATHAN C. ANGIE II

5/29/01

919
668-1660

Date

Daytime Phone #

CR2E034 (10/00)