

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024255

1. Entity Name

CRAFTSMAN EXTERIORS, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90303 036 \*\*\*150.00

Principal Place of Business

Mailing Address

6611 N HALE AVE  
TAMPA FL 33614

6611 N HALE AVE  
TAMPA FL 33614-7026

2. Principal Place of Business

4420 N. Hale Ave

Suite, Apt. #, etc.

3. Mailing Address

4420 N. Hale Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3432412

Applied For

Not Applicable

Zip

33614-7026

Country

USA

Zip

33614-7026

Country

USA

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

SERRANO, ANTONIO T  
6611 N HALE AVE  
TAMPA FL 33614

Name

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

10411 Oakbrook Dr.

City Tampa

FL

Zip Code 33624

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)

4/27/00

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, 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          | D                  | <input type="checkbox"/> Delete |
| NAME           | SERRANO, NORA S    |                                 |
| STREET ADDRESS | 6611 N HALE AVE    |                                 |
| CITY-ST-ZIP    | TAMPA FL 33614     |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | SERRANO, ANTONIO T |                                 |
| STREET ADDRESS | 6611 N HALE AVE    |                                 |
| CITY-ST-ZIP    | TAMPA FL 33614     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          |                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS | 10411 Oakbrook Dr. |  |
| CITY-ST-ZIP    | Tampa, FL 33624    |  |
| TITLE          |                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS | 10411 Oakbrook Dr. |  |
| CITY-ST-ZIP    | Tampa, FL 33624    |  |
| 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    |                    |  |
| 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

4/26/00

Date

813-889-7663

Daytime Phone #

CR2E034 (9/99)