## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P97000024255 DOCUMENT #

1. Entity Name

CRAFTSMAN DOOFING



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90443 048 \*\*\*150.00

Principal Place of Business 4420 N. HALE AVE TAMPA FL 33614 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  SERRANO, ANTONIO T 10411 QAKBROOK DR. TAMPA FL 33624  City  Tampa FL 33614  City  Tampa FL 33614  City  Country  Total 1 QAKBROOK DR. TAMPA FL 33624  City  Tip Lip Code  A. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  Service Address (P.O. Box Number is Not Acceptable)  PL Zip Code  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		4420 N. HAI TAMPA FL: US 2. Principal Suite, Ap	LE AVE	Mailing Address			
US  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.		2. Principal Suite, Ap	•	4420 N. HALE AVE			
Suite, Apt. #, etc.  City & State  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  8. Name and Address of Current Registered Agent  Name  SERRANO, ANTONIO T  10411 OAKBROOK DR.  TAMPA FL 33624  City  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 of applicable.  (NOTE: Registered Apent 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		Suite, Ap	Υ			( 1883/188) MIN 1889/1880/1880/1880/1880/1880/1880/18	el <b>Albin elda i n</b> elazi den exal
Suite, Apt. #, etc.  City & State  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  8. Name and Address of Current Registered Agent  Name  SERRANO, ANTONIO T  10411 OAKBROOK DR.  TAMPA FL 33624  City  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 of applicable.  (NOTE: Registered Apent 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		Suite, Ap	Diagram of D	·	<u> </u>		
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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 changed, or on an attachmental my hard address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR