

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084717

1. Entity Name

CRAFTTECH BUILDING CORPORATION

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90142 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~319 LAMBTON LANE~~ *4100 Corp. Square* ~~319 LAMBTON LANE~~ *SAME*  
NAPLES FL 34104 *Ste. 118* NAPLES FL 34104  
US ~~US~~



DO NOT WRITE IN THIS SPACE

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 **59-3476239**

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

BAILEY, CHARLES F.  
319 LAMBTON LANE  
NAPLES FL 34104

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 *Charles F. Bailey, Charles F. Bailey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/29/01*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>BAILEY, CHARLES F.</del>	
STREET ADDRESS	250 TIMBERLAKE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SVTD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RITA A	
STREET ADDRESS	250 TIMBERLAKE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth W. Brown	
STREET ADDRESS	1400 Blue Point Ave.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	SVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles F. Bailey	
STREET ADDRESS	319 Lambton Lane	
CITY-ST-ZIP	NAPLES, FL 34104	
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:

*Charles F. Bailey V. Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/20/01 941-643-6160*

CR2E034 (10/00)