

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 009 ***150.00

DOCUMENT # P98000022802

1. Entity Name
CRAFTSMAN HOMES, INC.



Principal Place of Business
**3406 TIMBERWOOD CIRCLE
3406
NAPLES FLORIDA FL 33923
US**

Mailing Address
**ATTN: JOHN ROMANO
3406 TIMBERWOOD CIRCLE
NAPLES FL 34109**

2. Principal Place of Business
2080 20th Avenue

3. Mailing Address *Attn: John Romano*
2080 20th Avenue

Suite, Apt. #, etc.
Northeast Naples

Suite, Apt. #, etc.
Northeast Naples

City & State
Florida 34120

City & State
Florida

Zip
USA

Zip
34120

Country
USA

4. FEI Number **59-3502067**

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ASKE, JERRY
12110 MATLACH BLVD.
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
ROMANO, JOHN
428 MANATUCK BLVD
BRIGHTWATERS LONG ISLAND NY 11718** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSVD
ROMANO, GABRIELLE
428 MANATUCK BLVD
BRIGHTWATERS LONG ISLAND NY 11718** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
ASKE, JERRY
12110 MATLACHA BLVD
CAPE CORAL FL 33991** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2003

CR2E034 (10/02)