

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043889

1. Entity Name
CARFTSMAN CONCEPTS PAINTING, INC.

Principal Place of Business
15717 PENNINGTON RD.
TAMPA FL 33624

Mailing Address
P.O. BOX 262006
DEPT TAMPA FL 33685

2. Principal Place of Business
4314 AKITA DR.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

4. FEI Number 59-3514650

Applied For
Not Applicable

Zip 33624 Country HILSDOROUGH

Zip Country

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

BOYD, SUSAN H
15717 PENNINGTON RD.
TAMPA FL 33624

Name
Street Address (P.O. Box Number is Not Acceptable)
4314 AKITA DRIVE
TAMPA
City 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)

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, 2002 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
NAME D BOYD, SUSAN H ☐ Delete
STREET ADDRESS 15717 PENNINGTON RD.
CITY-ST-ZIP TAMPA FL 33624

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

TITLE
NAME D BOYD, GREGORY C ☐ Delete
STREET ADDRESS 15717 RENNINGTON RD.
CITY-ST-ZIP TAMPA FL 33624

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Susan H. Boyd 1-508 (813) 368-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90019 043 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)