

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000096098**

1. Entity Name

CODE CRAFTERS, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90271 011 ***150.00

Principal Place of Business

Mailing Address

**2007 GOLF MANOR BOULEVARD
VALRICO FL 33594****2007 GOLF MANOR BOULEVARD
VALRICO FL 33594****C0013640**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3543686**

Applied For

Not Applicable

Zip

Country

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

John W. Vogt

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

2007 GOLF MANOR BLVD

City

VALRICO**FL**

Zip Code

33594

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

John W. Vogt John W. Vogt President

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

(NOTE: Registered Agent signature required when reinstating)

1/20/01

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	VOGT, JOHN W		
2007 GOLF MANOR BOULEVARD			
VALRICO FL 33594			
SVD	VOGT, AMY A		
2007 GOLF MANOR BOULEVARD			
VALRICO FL 33594			

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

John W. Vogt**1/20/01**

Date

813-878-6969

Daytime Phone #

CR2E034 (10/00)