

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070172

1. Entity Name

CRAFT MASTER SERVICES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90026 011 ***150.00

Principal Place of Business

Mailing Address

523 SOUTH ELLIS ROAD
SUITE 4
JACKSONVILLE FL 32254

523 SOUTH ELLIS ROAD
SUITE 4
JACKSONVILLE FL 32254-3554

2. Principal Place of Business

3. Mailing Address

1724 Kingsley Ave.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

City & State

City & State

ORANGE PARK, FL.

4. FEI Number

59-3604839

Applied For

Not Applicable

Zip

Country

Zip

Country

32073

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

DELETE

Name

Duane Smith

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

1724 KINGSLEY AVE SUITE 8

City

ORANGE PARK

FL

Zip Code

32073

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, 2000 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
NAME SMITH, DUANE
STREET ADDRESS 523 SOUTH ELLIS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32254

☐ Delete

TITLE VSTD
NAME WHITTEN, JAMES
STREET ADDRESS 523 SOUTH ELLIS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32254

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE PD
NAME SMITH, DUANE
STREET ADDRESS 1724 KINGSLEY AVE. #8
CITY-ST-ZIP ORANGE PARK, FL. 32073

☒ Change ☐ Addition

TITLE VSTD
NAME WHITTEN, SANDRA
STREET ADDRESS 1724 KINGSLEY AVE. #8
CITY-ST-ZIP ORANGE PARK, FL. 32074

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

Daytime Phone #

904 398-4820

CR2E034 (9/99)