## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000092453 DOCUMENT #

1. Entity Name



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90843 042 \*\*\*150.00

CRAFTSMAN BUILDERS, INC.								01 13 2003 300 13 0 12 130.00		
Principal Piac 1339 W GRAN ORMOND BEA	ADA BLVD		Mailing Address 1339 W GRANADA BLVD ORMOND BEACH FL 32174							
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt.	#, etc.	······································	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State			City & State					4. FEI Number 59-3613107 Applied For Not Applicable		
Zip		Country		Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
~~~	6. Name	and Address of Current	Register	ed Agent:	 بنشوسست			-7:=Name and Address of New Registered Agent		
ORMOND	Granada   Beach Fl	BLVD 32174				Street Ad	ddress (P.9 1339 V	P.O. Box Number is Not Acceptable) W. Granada Blvd.  TL Zip Code 32174		
	tions of regis		hoi	uli.	$\mathcal{B}$	_	etrz	red agent, or both, in the State of Florida. I am familiar with, and accept  24kowski  J/10/03  I when reinstating)  DATE		
Afte	r May 1, 20	1! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State				·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	12	OFFICERS AND	DIRECTO		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change	<u>(2</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	165 BUCK	Owski, Bernard F (Skin Lane Beach FL 32174		☐ Delete			1339	trzykowski, Bernard F 9 W. Granada Blvd. ond Beach, FL 32174	CB2E034 (10/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIETRZYK 165 BUCK	OWSKI, BEVERLY J ISKIN LANE BEACH FL 32174		☐ Delete			v Pieti 1339	trzykowski, Beverly J 9 W. Granada Blvd. ond Beach, FL 32174	CBS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		40	-	☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	ı	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition		
indicated of the co	d on this repo	ne information supplied with ort or supplemental report is the receiver or trustee empliachment with an address.	s true and owered to	accurate and that execute this report	my signa t ag requi	iture snall n ired by Cha	ave the sa tpter 607,	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if		
SIGNAT	TURE: .	SIGNATIONE AND TYPED ON	AINTEO NA	ME OF SIGNING OFFICER	OR DIREC	SF. KIE	trzy	1/20   1/10   03 386-615-3800 Daytime Phone #		