

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41813

1. Entity Name

COMPTON'S CUSTOM CRAFTS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90185 038 ***150.00

Principal Place of Business

Mailing Address

6308 NW 124TH STREET
 GAINESVILLE FL 32606
 US

*See
address
change*

6308 NW 124TH STREET
 GAINESVILLE FL 32606
 US

00035362



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 59-3057430

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

COMPTON, LARRY
 6308 NW 124TH ST
 GAINESVILLE FL 32606

see address change

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.

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, 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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS COMPTON, LARRY
 CITY-ST-ZIP 6308 NW 124TH STREET
 GAINESVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7104 NW 136 Street
 CITY-ST-ZIP Gainesville, Fl. 32653

TITLE ☐ Delete
 NAME D
 STREET ADDRESS COMPTON, JUDY
 CITY-ST-ZIP 6308 NW 124 TH STREET
 GAINESVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7104 NW 136 Street
 CITY-ST-ZIP Gainesville Fl. 32653

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Judy W. Compton Judy W. Compton

4-10-01

Date

Daytime Phone #

CR2E034 (10/00)