## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # \$79928**

1. Entity Name

SIGNATURE:

STARCRAFT HOMES, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

) OTATION	ALT HOMES, MO.				02-05	5-2000 90010 0	23 ***	150.00	
Principal Place of Business  3544 MOSS POINT PLACE LAKE MARY FL 32746		Mailing Address PO BOX 952851 LAKE MARY FL 32795-2851		-					
2. Principal P	lace of Business	3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			B11878 111 1	DO NOT WRITE			// =:e:// !e=/
City & State		City & State		4. FEI N	umber	59-3096979			plied For
Zip Country		Zip	Zip Country		icate of S			8.75 Add	
	6. Name and Address of Curren			7. Name	and Ad	dress of New Regi		ee Required	
ZAN	CA, ANTHONY		Name						
3544	MOSS POINT PLACE E MARY FL 32746	Street Address		5 (P.O. BOX NO		Not Acceptable)			
	,		City				FL	Zip Code	 e
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or regist	ered agent, o	or both, in	n the State of Florida	a.		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	. Registered Agent signature requi	red when reinstatin	ng)		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 Sta		1		on Campaign Financ Fund Contribution.	cing	\$5.0 Added	May Be
11.	OFFICERS AND		12.		ONS/CH	ANGES TO OFFICE	RS AND	DIRECTORS	S IN 11
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PSTV ZANCA, ANTHONY 3544 MOSS POINT PLACE LAKE MARY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Additi:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANCA, ANTHONY PO BOX 952851 LAKE MARY FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	∏ Additio
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13. I hereby of indicated of the corporated changed.	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	th this filing does not qualify for is true and accurate and that m nowered to execute this report with all other like empowered.	the exemption stated in ny signature shall have th as required by Chapter 6	Section 119.0 e same legal 07, Florida St	07(3)(i), F effect as atutes; a	forida Statutes. I fur if made under oath and that my name ap	rther certing that I are opears in	fy that the ir n an officer Block 11 or	nformation or director Block 12 i