

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S79928**

1. Entity Name
STARCRAFT HOMES, INC.

Principal Place of Business
**3544 MOSS POINT PLACE
LAKE MARY FL 32746**

Mailing Address
**PO BOX 952851
LAKE MARY FL 32795**

2. Principal Place of Business

3. Mailing Address

PO Box 952855

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3096979

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

**ZANCA, ANTHONY
3544 MOSS POINT PLACE
LAKE MARY FL 32746**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
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 ☐ Addition

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 ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

7/2/01

(407) 330-3000

Date Daytime Phone



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

FILED
Sep 06, 2001 8:00 am
Secretary of State
07-10-2001 90128 036 ***150.00



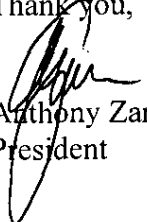
P.O. BOX 952355
LAKE MARY, FLORIDA 32795
PHONE: (407) 330-3000

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference Number: S79928

I would like to request a waiver of the \$ 400.00 late fee. I did not receive the first notice of the annual report/uniform business report in the mail. I was unaware that the payment for the report was due on May 01. I promptly made the payment when I received the second notice of the annual report/uniform business report.

Thank you,


Anthony Zanca
President