2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 201149 1. Entity Name

GOLD COAST CRANE SERVICE, INC.

Principal Place of Business TAT PARTNOCHIP Mailing Address

FILED Jan 24, 2000 8:00 am Secretary of State

01-24-2000 90010 048 ***158.75

4450 N 29TH AVE HOLLYWOOD FL 33020			4450 N 29TH AVE HOLLYWOOD FLA 33020-1036				1 100 (10 110)	- • (8): 8:6); •(8):		I 0 70% I 00 I
2. Principal P	lace of Búsin	ess	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS SI	PACE	
City & State	Э		City & State			4 . F	Et Number 59-081188	0	_ _ `	plied For Applicable
Zip	, -	Country	Zip .	Coun	try	5. 0	Certificate of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current R	egistered Agent			7. N	lame and Address of New I	Registered A	gent *	-
VILLELLA,FRANK 4450 NORTH 29TH AVENUE HOLLYWOOD FL 33022					Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code)
8. The above	named entity	submits this statement for t	the purpose of changing i	ts register	ed office or	registered age	ent, or both, in the State of Fl	orida.		1
	·									
SIGNATURE _							·			
	Signature, typed	or printed name of registered agent and	d title if applicable. (NO	TE: Registere	d Agent signati	re required when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2000 i Make Check Payable to					will be \$5	50.00	10. Election Campaign Fi Trust Fund Contribution			May Be to Fees
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE	Р		☐ Delete	TITL	E				Change	Addition
NAME	VILLELLA,	THOMAS L		NAM	_		e and Linn	16	יטון	71033
STREET ADDRESS	700 SE 1	23 ST RD			ET ADDRESS	303 5	E ZZNO Aveni 1, FL. 34471	<i>J</i> E		
CITY-ST-ZIP	OCALA FI	<u> </u>		CITY	-ST-ZIP	OCUL	1, FL. 34471			
TITLE	٧	·	Delete	TITL		, V	/ // - //-		☐ Change	Addition
NAMÉ	VILLELLA,		•	NAM	EET ADDRESS	LINDA	SHORT SRANT STREE	-		
STREET ADDRESS		MONT RD	-		-ST-ZIP	11212	SKHILL SILES	33021		
	T	OOD, FL 00000	При	_		HOILT	WOOD, FL		Change -	C Addition
TITLE NAME	VILLELLA,	EDANK I	☐ Delete	TITL					A- AHO C	Addition
STREET ADDRESS	601-N-46				ET ADDRESS	2200	N, 36 Street			
CITY-ST-ZIP		OOD, FL 00000		CITY	-ST-ZIP	HOLLY	N, 36 Street WOOD, FL. 33	021		
TITLE	S	700, TE 05050	☐ Delete	TITL	 E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	☐ Addition
NAME	SHORT, D	AVID	Doloto	NAM						}
STREET ADDRESS		ANT STREET		STRI	EET ADDRESS					ļ
CITY-ST-ZIP		000 FL 33021		CITY	-ST-ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	☐ Addition ☐
NAME				NAM						
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CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME				NAM						\$
STREET ADDRESS					ET ADDRESS					ļ
CITY-ST-ZIP	l		Eta Mila a da a a a a a a a a a a a a a a a a	to the	-ST-ZIP	 	110.07(9)/i) Florido Statutos	I further ex-4	fu that the in	formation

indicated on this report or supplied with this filling 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 of Justee 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: