

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90022 044 ***150.00

DOCUMENT # **S19217**

1. Entity Name

WINDTRONICS, INC.

CHANGED TO

JACKSONVILLE CRANE & MACHINERY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 60126
JACKSONVILLE, FL
JACKSONVILLE FL 32236-0126
US

P.O. BOX 60126
JACKSONVILLE FL 32236-0126
US

2. Principal Place of Business

6740 HIGHWAY AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE, FL 32254

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3052022

Applied For

Not Applicable

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

JOHNSON, STEVEN R
6355 PEACOCK RIDGE DR.
JACKSONVILLE FL 32221

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD

JOHNSON, STEVEN R.

6355 PEACOCK RIDGE DR.

JACKSONVILLE FL 32221

☐ Delete

TITLE
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R. JOHNSON

3/16/00

904-786-3181

Date

Daytime Phone #

CR2E034 (9/99)