

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90014 032 \*\*\*150.00

**DOCUMENT # 211340**

1. Entity Name  
**KRAUSS AND CRANE, INC.**

Principal Place of Business

**904 SOUTH DIXIE HWY  
 PO BOX 1259  
 STUART FL 34995**

Mailing Address

**904 SOUTH DIXIE HWY  
 PO BOX 1259  
 STUART FL 34995**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-0833143**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CRANE, J.H. III  
 6900 SE BURNETT  
 STUART FL 34997**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CRANE, ELIZABETH</b>	
STREET ADDRESS	<b>6900 SE BURNETT</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CRANE, J. H. III</b>	
STREET ADDRESS	<b>6900 S.E. BURNETT</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CRANE, M M</b>	
STREET ADDRESS	<b>4608 S.E. PARK DRIVE</b>	
CITY-ST-ZIP	<b>PT SALERNO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CRANE, ROBERT S</b>	
STREET ADDRESS	<b>5516 S.E. ORANGE STREET</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*M M Crane*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

561-287-0227

Daytime Phone #

CR2E034 (9/01)