FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2003 8:00 am Secretary of State DOCUMENT # 271453 04-21-2003 90316 036 \*\*\*150.00 1. Entity Name CRANE TECHNOLOGIES GROUP, INC. Principal Place of Business Mailing Address 530 FENTRESS BLVD. 530 FENTRESS BLVD. DAYTONA BCH. FL 32114-1210 DAYTONA BCH. FL 32114-1210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1028965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALEMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE DAYTONA BCH. FL 32114 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. : 11. ☐ Addition TITLE ☐ Delete TITLE Change CEOD NAME EZZELL, EUGENE E. NAME STREET ADDRESS STREET ADDRESS 530 FENTRESS BLVD. CITY-ST-ZIP CITY-ST-7IP DAYTONA BCH. FL TITLE ☐ Delete TITLE ☐ Change Addition **VPST** NAME NAME BURGESS, DENNIS P. STREET ADDRESS STREET ADDRESS 530 FENTRESS BLVD CITY-ST-ZIP CITY-ST-ZIP <u>DAYTONA BEACH FL</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KANEY, JONATHAN D JR STREET ADDRESS STREET ADDRESS 150 MAGNOLIA AVENUE CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32114 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME CLARE, PAUL STREET ADDRESS STREET ADDRESS 1327 N US 1 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 Delete TITLE TITLE ☐ Change Addition NAME MAME JONES, ALAN STREET ADDRESS STREET ADDRESS P O BOX 13966 CITY-ST-ZIP CITY-ST-ZIP DURHAM NC 27709 TITLE ☐ Delete DITLE Change Addition

12. 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 of indicated empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like imposed.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MCGUIRE, SCOTT

530 FENTRESS BLVD

DAYTONA BEACH FL 32114

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRIN ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #