

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280898

1. Entity Name
FLORIDA RIGGING & CRANE COMPANY INC

Principal Place of Business

P. O. BOX 680-579
P.O. BOX 680579
MIAMI FL 33168
US

Mailing Address

P. O. BOX 680-579
P.O. BOX 680579
MIAMI FL 33168
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1058759**

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

BARTHET PATRICK, C ESQ
200 S., BISCAYNE BLVD
SUITE 1800
MIAMI FL 33131

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, 2001 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 ☐ Delete
NAME **DVP**
STREET ADDRESS **OLIVER, SHERRILL**
CITY-ST-ZIP **2300 INDIAN CREEK BLD WEST**
VERO BEACH FL 32966

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EVERINGHAM, PHILIP B**
CITY-ST-ZIP **2602 SAN DOMINGO ST**
CORLA GABLES FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **UTVICH, DAVID M**
CITY-ST-ZIP **1368 HIBISCUSS AVE**
WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **UTVICH, MICHAEL**
CITY-ST-ZIP **10340 NW 37TH AVE**
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME **D P**
STREET ADDRESS **UTVICH, MICHAEL**
CITY-ST-ZIP **10340 N.W 37TH AVE.**
MIAMI, FL 33168

TITLE ☐ Delete
NAME **CST**
STREET ADDRESS **UTVICH, LORNA RANDALL**
CITY-ST-ZIP **10340 N.W. 37TH AVE.**
MIAMI FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **UTVICH, DARYL A**
CITY-ST-ZIP **PO BOX 622462**
MIAMI FL 33147

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **UTVICH, DARYL A.**
CITY-ST-ZIP **P.O. BOX 622462**
ORLANDO, FL 32862

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

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90032 030 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

SIGNATURE: *[Signature]* **C.E.O.** **4/24/01** **305/688-2222**