

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90224 048 ***150.00

0569197 AV

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 -0579

US

Mailing Address

P. O. BOX 680-579

~~P.O. BOX 680579~~

MIAMI FL 33168 -0579

US



2. Principal Place of Business

3. Mailing Address

P.O. BOX 680-579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA

Zip

Country

Zip

Country

33168-0579 U.S.A

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	OLIVER, SHERRILL	
STREET ADDRESS	2300 INDIAN CREEK BLD WEST	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERINGHAM, PHILIP B	
STREET ADDRESS	2602 SAN DOMINGO ST	
CITY-ST-ZIP	CORLA GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	UTVICH, DAVID M	
STREET ADDRESS	1368 HIBISCUSS AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DP	<input type="checkbox"/> Delete
NAME	UTVICH, MICHAEL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	CST	<input type="checkbox"/> Delete
NAME	UTVICH, LORNA RANDALL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	UTVICH, DARYL A	
STREET ADDRESS	P.O. BOX 622462	
CITY-ST-ZIP	ORLANDO FL 32862	

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
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 305/688-2222

Date

Daytime Phone #

CR2E034 (9/01)