

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90196 040 ***150.00

0598283 AT

DOCUMENT # 338896

1. Entity Name
ELLIOTT CRANKSHAFT CORP

Principal Place of Business
250 N. BUENA VISTA DR.
LAKE ALFRED FL 33850

Mailing Address
250 N. BUENA VISTA DR.
LAKE ALFRED FL 33850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE ALFRED, FL

4. FEI Number

59-1397780

Applied For

Not Applicable

Zip

Country

Zip

33850

Country

USA

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

PETERSON, DAVID L.
3118 WALNUT ST, NW
WINTER HAVEN FL 33850

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
V
PETERSON, RANDALL D.
3118 WALNUT ST NW
WINTER HAVEN FL
☐ Delete

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

TITLE
PD
PETERSON, DAVID I.
3118 WALNUT N.W.
WINTER HAVEN FL
☐ Delete

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

TITLE
ST
PETERSON, DORIS L.
3118 WALNUT ST NW
WINTER HAVEN FL
☐ Delete

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

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

David I. Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID I. PETERSON

1-28-02

863-956-4452

Date

Daytime Phone #

CR2E034 (9/01)