2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392147

1. Entity Name

CROSBY EQUIPMENT COMPANY

Principal	Place	of	Business

Mailing Address

FILED										
Feb 01, 2001 8:00 am										
Secretary of State										

02-01-2001 90067 010 ***150.00

5175 N US #1 COCOA FL 329	27	5175 N US #1 COCOA FL 32927								
		n kanan da kanan kanan sa sa	fredebrier.	ક્ષ્મી કોલ્યુમાં હોલ્સ્કુલ કેલ્સ્સ્કુલ	eilearia aist iša	ور (۱۹۵۱ ماهنار ۱۹۵۱ ماهن ماهن ماهن ماهن اهمان اهمان اهمان الم	FOR OPPOLIT OF OUR E	LHOU OLDIN DIE	IN ALBU IBBS	
2. Principal f	Place of Business	13. Mailing Address	ŇĺŽ.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-1367999			pplied For	<u>_</u>	
Zip	Country	Zip	Country						8.75 Additional se Required	
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New Re	gistered A	gent		7
· , .				Name		,				7
CROSBY, C GORDON 59 CEDAR AVE		o * ,		Street Address (P.O. Box Number is Not Acceptable)						1
COC	OA BCH FL			·		——————————————————————————————————————				1
				City			FL	Zip Cod	ie	+
0 The share										4
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or re	gistered ag	gent, or both, in the State of Flori	ida.			
	•									
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered	d Agent signature r	equired when re	einstating)	DATE			1
A This		Ell E NOW		10.0450.00						\dashv
	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00		. 00	10. Election Campaign Final	ncing	\$5.0)0 May Be	-	
(See criteria on back)		Make Check Payable to Department of Sta			Trust Fund Contribution.			d to Fees	1	
11.	OFFICERS AND D		12.	•			ERS AND I	DIRECTOR	S IN 11	-
TITLE	D	☐ Delete	TITLE	T T	, ,,	DETITION OF STREET		☐ Change	☐ Addition	1 3
NAME	BOOST, ALFRED		NAME	1		•	'	Onlange		3
STREET ADDRESS	134 MORRO		STRE	ET ADDRESS				-		
CITY-ST-ZIP	PISMO BEACH, CA 00000		CITY-	ST-ZIP						}
TITLE	D	☐ Delete	TITLE		V/S/I	<u> </u>		Change	Addition	ع ا
NAME	CROSBY, DOUGLAS M		NAME		V / D / L	,	;	Λ	_	10
STREET ADORESS	166 TORO CANYON RD		STREE	ET ADDRESS						
CITY-ST-ZIP	CARPINTERIA CA		CITY-	ST-ZIP						1
TITLE	PD	☐ Delete	• TITLE				Ţ	Change	Addition]
NAME	CROSBY, C GORDON		NAME	.						
STREET ADDRESS	59 CEDAR AVE			ET ADDRESS						
CITY-ST-ZIP	COCOA BEACH, FL 00000		CITY-	ST-ZIP					7 7 7 4	
TITLE	D	☐ Delete	TITLE				[Change	☐ Addition	
NAME OXDEEX ADDRESS	WEEKS, GEORGE E		NAME	II.						
STREET ADDRESS CITY-ST-ZIP	46 TASEO LEARDO N.			T ADDRESS						
	CATHEDRAL CITY CA		-	ST-ZIP	= 7-					4
TITLE NAME		Delete	TITLE	I	T/D		[Change	. X Addition	
STREET ADDRESS			NAME			y; Kathryn M.				
CITY-ST-ZIP						Coro Canyon Rd				-
			-		_	nteria CA				-
TITLE NAME		_ Delete	TITLE		AT			Change	Addition	
STREET ADDRESS			NAME	TARRESCO		Keurst, Angela	Μ.			
CITY_CT_7ID			AITV	CT 710	6330	Betty Ave.				1
19 I horoby o	ertify that the information supplied with the	in filing doop and munify the	the sees	ontion =1=1= 1	Cocoa	F1		al e-1 *		}
indicated	entity that the information supplied with the	is iming does not quality for	me exen	intrion stated	in Section	i ia.u/(3)(i), Fiorida Statutes. I fu	urther certify	/ that the in	normation	1

indicated on this report of 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

m. Crosby /26/2001 321-636-5270