

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 440885**

1. Entity Name

D & D CRANE SERVICE, INC.**FILED**
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90081 013 ***150.00

Principal Place of Business

Mailing Address

**12033 ONEIDA DRIVE
HUDSON FL 34667****12033 ONEIDA DRIVE
HUDSON FL 34667-6366**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1489501**Applied For
Not Applicable5. 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****RICHMOND (RONALD) R.
1604 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY FL 33552**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STOLEC, RICHARD W.	12033 ONEIDA DR.	HUDSON FL	<input type="checkbox"/>
ST	STOLEC, ARLYNE M.	12033 ONEIDA DR.	HUDSON FL	<input type="checkbox"/>
V	STOLEC, RICHARD A.	12033 ONEIDA DR.	HUDSON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	STOLEC, RICHARD W.	12033 ONEIDA DR.	HUDSON FL 34667	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	STOLEC, ARLYNE M.	12033 ONEIDA DR.	HUDSON FL 34667	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard W. Stolec* **Richard W. Stolec** **4-25-00** **727 868 2244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)