

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0541927 AV

DOCUMENT # 440885

1. Entity Name

D & D CRANE SERVICE, INC.

04-02-2002 90067 048 ***150.00

Principal Place of Business

**12033 ONEIDA DRIVE
 HUDSON FL 34667**

Mailing Address

**12033 ONEIDA DRIVE
 HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1489501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHMOND (RONALD) R.
 1604 U.S. HIGHWAY 19 NORTH
 NEW PORT RICHEY FL 33552**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's

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 \$1
 After May 1, 2002 Fee will be
 Make Check Payable to Department**

00 May Be
 ed to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **STOLEC, RICHARD W.**
 CITY-ST-ZIP **12033 ONEIDA DR.
 HUDSON FL**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **STOLEC, ARLYNE M.**
 CITY-ST-ZIP **12033 ONEIDA DR.
 HUDSON FL**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **STOLEC, RICHARD A.**
 CITY-ST-ZIP **12033 ONEIDA DR.
 HUDSON FL**

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*Note Addition of
 Officer change
 Arlyne Stolec Treas.
 11100 McKinley Dr.
 Port Richey, FL 34668*

RS IN 11

☐ Addition

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

3-25-02

727 8682244

Date

Daytime Phone #

CR2E034 (9/01)