

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579978

1. Entity Name

CRANE RENTAL OF ORLANDO, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90067 028 ***158.75

Principal Place of Business

170 N. GOLDENROD RD.
ORLANDO FL 32807
US

Mailing Address

P.O. BOX 720127
ORLANDO FL 32872-0127
US

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 59-1902497

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHLOCK, ALAN A.
269 ROBINSOSONG ROAD
CHULUOTA FL 32766

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 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

TITLE P ☐ Delete
NAME ASHLOCK, ALAN A.
STREET ADDRESS 269 ROBINSOSONG RD.
CITY-ST-ZIP CHULUOTA FL

TITLE VD ☐ Delete
NAME JENSENIUS, BARBARA
STREET ADDRESS 2500 N. ECONLOCKHATCHEE TRAIL
CITY-ST-ZIP ORLANDO FL 32817

TITLE VSTD ☐ Delete
NAME KIRBY, MARTHA D.
STREET ADDRESS 5208 PICO ST.
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ Delete
NAME SPENCE, ROBERT S
STREET ADDRESS 1710 WINDSOR DR.
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Martha D. Kirby
VP-S-T
Martha D. Kirby

1/10/00

(407) 2775000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/99)