

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90036 010 \*\*\*150.00

**DOCUMENT # 579978**

1. Entity Name

**CRANE RENTAL OF ORLANDO, INC.**

Principal Place of Business

**170 N. GOLDENROD RD.  
 ORLANDO FL 32807  
 US**

Mailing Address

**P.O. BOX 720127  
 ORLANDO FL 32872  
 US**

00007291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**170 N. Goldenrod Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando FL**

4. FEI Number **59-1902497**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32807**

**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

**ASHLOCK, ALAN A.  
 269 ROBINSONG ROAD  
 CHULUOTA FL 32766**

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, 2001 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 **P** ☐ Delete  
 NAME **ASHLOCK, ALAN A.**  
 STREET ADDRESS **269 ROBINSONG RD.**  
 CITY-ST-ZIP **CHULUOTA FL**

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2751 Lake Pickett Place**  
 CITY-ST-ZIP **Chuluota FL 32766**

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VP/S/T*

*1/6/01*  
 Date

*(407) 275000*  
 Daytime Phone #

CR2E034 (10/00)