

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90044 047 \*\*\*158.75

**DOCUMENT # F01000003160**

1. Entity Name  
**WALIGA CRANE, INC.**

Principal Place of Business  
**3415 SILVERSTONE COURT**  
**PLANT CITY FL 33567-2747**

Mailing Address  
**3415 SILVERSTONE COURT**  
**PLANT CITY FL 33567-2747**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4903 ARMOR ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

City & State  
**PLANT CITY, FL**

Zip  
**33567-2659**

Country  
**HILLSBOROUGH**

4. FEI Number  
**23-2880939**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALIGA, JAMES E JR**  
**3415 SILVERSTONE COURT**  
**PLANT CITY FL 33567-2747**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4903 ARMOR ROAD**

City  
**PLANT CITY**

State  
**FL**

Zip Code  
**33567-2659**

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 ☒ **X**  
 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. ☒ **X**  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CP	WALIGA, JAMES E JR	3415 SILVERSTONE COURT	PLANT CITY FL 33567-2747	<input type="checkbox"/>
S	SMITH, MARY ALICE	3415 SILVERSTONE COURT	PLANT CITY FL 33567-2747	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CP	WALIGA, JAMES E JR	4903 ARMOR ROAD	PLANT CITY, FL 33567-2659	<input checked="" type="checkbox"/>
S	MARY ALICE WALIGA	4903 ARMOR ROAD	PLANT CITY, FL 33567-2659	<input checked="" 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: **MARY ALICE WALIGA** **MARY ALICE WALIGA** **4/25/02** **813-737-6800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)