

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90147 007 ***150.00

DOCUMENT # F40140

1. Entity Name
MCCOLMAN CRANE & EQUIPMENT LEASING, INC.

Principal Place of Business Mailing Address
% EDMUND C. SCJARRETTA, ESQ. % EDMUND C. SCJARRETTA, ESQ.
7301A W PALMETTO PARK RD. STE 305C 7301A W PALMETTO PARK RD. STE 305C
BOCA RATON FL 33433 BOCA RATON FL 33433

80066644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4640 Lotus Way P. O. Box 250

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boynton Beach, Florida Boynton Beach, Florida

4. FEI Number **59-2105473** Applied For
Not Applicable

Zip Country Zip Country
33436 USA 33425-0250 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

SCJARRETTA, EDMUND C, ESQUIRE
7301A W PALMETTO PARK ROAD
SUITE 305C
BOCA RATON FL 33433

Name **William E. McColman**

Street Address (P.O. Box Number is Not Acceptable)

4640 Lotus Way

City **Boynton Beach FL 33436**

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 **William E. McColman, President**

[Signature] **4/4/02**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOLMAN, WILLIAM E 3842 N. OLD DIXIE HWY DELRAY BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP 4640 Lotus Way Boynton Beach, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST McColman, William E. 4640 Lotus Way Boynton Beach, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **4/4/02** **561-732-2938**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)