

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 08:00 AM****Secretary of State****DOCUMENT # G51264****1. Entity Name**

CRANE CERTIFICATION SERVICE, INC.

Principal Place of Business

310 BRUNSON BLVD

COCOA

32922

FL

US

Mailing Address

310 BRUNSON BLVD

COCOA

32922

FL

US

2. Principal Place of Business

6770 HUNDRED ACRE DRIVE

3. Mailing Address

6770 HUNDRED ACRE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCOA

FL

Zip
32927Country
US**City & State**

COCOA

FL

Zip
32927Country
US**4. FEI Number**

59-2280390

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

COULOMBE, SHARON

GLOBAL CRAN INSTITUTE, 5514 MELODY LANE

P.O. BOX 13228

ORLANDO

FL

32859

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)

04/24/2000

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	V	<input type="checkbox"/> Delete
NAME	TAYLOR JOHN	
STREET ADDRESS	123 HOLTZ ST	
CITY-ST-ZIP	CASSELBERRY FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNGBLOOD JOHN	
STREET ADDRESS	4909 DEVONSHIRE LANE S.	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	V	<input type="checkbox"/> Delete
NAME	MEADOWS THOMAS JOE	
STREET ADDRESS	1460 BISHOP ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS KAREN S.	
STREET ADDRESS	6770 HUNDRED ACRE DRIVE	
CITY-ST-ZIP	COCOA FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEADOWS THOMAS H.	
STREET ADDRESS	6770 HUNDRED ACRE DRIVE	
CITY-ST-ZIP	COCOA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS THOMAS JOE	
STREET ADDRESS	1460 BISHOP ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS THOMAS H.	
STREET ADDRESS	6770 HUNDRED ACRE DRIVE	
CITY-ST-ZIP	COCOA FL 32927	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Thomas H. Meadows

PD

04/24/2000