

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G77653****1. Entity Name**
BUD KEENE CRANE RENTAL INC.**Principal Place of Business**
4645 STATE RD 60
MULBERRY FL 33860**Mailing Address**
4645 STATE RD 60
MULBERRY FL 33860**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 59-2360835

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**KEENE, W. K.
2407 TRAPNELL ROAD
PLANT CITY FL 33566**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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEENE, WILLIAM K	
STREET ADDRESS	2407 TRAPNELL ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEENE, WILLIAM KIP	
STREET ADDRESS	1106 S TEAKWOOD DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEENE, LAVERNE LETT	
STREET ADDRESS	2407 TRAPNELL ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90029 019 ***150.00



DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2001 863 425-4510
Date Daytime Phone #