2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J00049 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name CARNEY CRANE, INC. 04-04-2000 90097 006 ***150.00 Principal Place of Business Mailing Address 11405 WATERFORD VILLAGE 11405 WATERFOLD VILLAGE FT MYERS FL 33913 FT MYERS FL 33913 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2668259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARNEY, VINCENT Street Address (P.O. Box Number is Not Acceptable) 11405 WATERFORD VILLAGE FT MYERS FL 33913 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE Change ☐ Addition Delete NAME CARNEY, VINCENT NAME STREET ADDRESS 11405 WATERFORD VILLAGE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ft myers fl Delete TITLE Change Addition NAME NAME CARNEY, KIMBERLY STREET ADDRESS STREET ADDRESS 11405 WATERFORD VILLAGE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL TITLE ☐ Delete Change ☐ Addition NAME CARNEY, SHIRLEY NAME STREET ADDRESS STREET ADORESS 11405 WATERFORD VILLAGE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME MCCORMICK, KERRI STREET ADDRESS STREET ADDRESS 11405 WATERFORD VILLAGE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. I hereby certify that the information supplied with indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers the corporation an attachment with an address with all

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