2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # J00049 1. Entity Name CARNEY CRANE, INC. 04-16-2001 90019 040 ***150.00 Mailing Address Principal Place of Business 11405 WATERFORD VILLAGE 11405 WATERFOLD VILLAGE FT MYERS FL 33913 FT MYERS FL 33913 US บร 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2668259 Not Applicable **\$8.75** Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARNEY, VINCENT Street Address (P.O. Box Number is Not Acceptable) 11405 WATERFORD VILLAGE FT MYERS FL 33913 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE CARNEY, VINCENT NAME NAME STREET ADDRESS 11405 WATERFORD VILLAGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change Addition TITLE ☐ Delete TITLE CARNEY, KIMBERLY NAME NAME 11405 WATERFORD VILLAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change __ Addition TITLE CARNEY, SHIRLEY NAME NAME 11405 WATERFORD VILLAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change ☐ Addition ☐ Delete TITLE TITLE MCCORMICK, KERRI NAME NAME 11405 WATERFORD VILLAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 if changed, or on an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR