FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State J30683 DOCUMENT # 1. Entity Name CHRIS CRANE RENTAL, INC. 02-21-2002 90063 022 ***150.00 Mailing Address Principal Place of Business C/O CHRIS TEN BROECK C/O CHRIS TEN BROECK 1901 S.W. 115 AVE. 1901 S.W. 115 AVE. DAVIE FL 33325 DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2723939 Not Applicable Zip Country \$8.75 Additional Zìo Country 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TEN BROECK, CHRIS Street Address (P.O. Box Number is Not Acceptable) 1901 SW 115 AVE. DAVIE FL 33325 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Change TITLE Delete TENBROECK, CHRIS NAME NAME 1901 S.W. 115TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33325** ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if