

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84103

1. Entity Name

CONTRACTOR'S CRANES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90163 031 ***150.00

A0006720



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1670 TROPIC PARK DRIVE
SANFORD FL 32773

1670 TROPIC PARK DRIVE
SANFORD FL 32773-6335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2954747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMOND, WENDY

~~655 FULTON ST.~~

SUITE 5

~~SANFORD FL 32771~~

1670 TROPIC PARK DR.
SANFORD, FL 32773

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HAMMOND, WENDY
STREET ADDRESS ~~655 FULTON ST., STE 5~~ 1670 TROPIC PARK DR.
CITY-ST-ZIP ~~SANFORD FL 32771~~ SANFORD, FL 32773

TITLE P
NAME HAMMOND, WENDY
STREET ADDRESS 1670 TROPIC PARK DR.
CITY-ST-ZIP SANFORD, FL 32773

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00-04-00

Date

407-328-7858

Daytime Phone #

CR2E034 (9/99)