

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90015 011 ***158.75

DOCUMENT # K84103

1. Entity Name

CONTRACTOR'S CRANES, INC.

Principal Place of Business

**1670 TROPIC PARK DRIVE
SANFORD FL 32773**

Mailing Address

**1670 TROPIC PARK DRIVE
SANFORD FL 32773**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2954747**

Applied For

Not Applicable

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
1670 TROPIC PARK DR
SANFORD FL 32773**

Name

ELIZABETH HYATT

Street Address (P.O. Box Number is Not Acceptable)

1670 TROPIC PARK DR.

City

SANFORD**FL**

Zip Code

32773

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input checked="" type="checkbox"/>	PRESIDENT / TREASURER	ELIZABETH HYATT	1670 TROPIC PARK DRIVE	SANFORD FL 32773	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	HAMMOND, WENDY	1670 TROPIC PARK DR	SANFORD FL 32773	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	VICE-PRESIDENT / SECRETARY	EDWIN ABEAR	1670 TROPIC PARK DRIVE	SANFORD, FL 32773	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)