

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 010 ****50.00

DOCUMENT # **L01000009734**

1. Entity Name

Furman Clark Crane & Rigging, LLC

DO NOT WRITE IN THIS SPACE

978384

2. Principal Place of Business

4220 Light Wind Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15878

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

4. FEI Number

59-3682915

Applied For

Not Applicable

Zip

32034

Country

Zip

32035

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A. Jeffrey Tomassetti

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

406 Ash St.

City

Fernandina Beach

FL

Zip Code

32034

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Furman O. Clark, Jr.
P.O. Box 15878
Fernandina Beach, FL 32035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
William J. Fields
P.O. Box 2469
Kitty Hawk, NC 27949**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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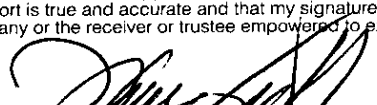
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



William J. Fields

8/30/02

252-261-6171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)