

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L05788

1. Entity Name

SEA COAST CRANE SERVICE INC.

FILED

03 JAN -8 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009594931  
12/19/02--01022--003 \*\*\$1.25

100009594931  
01/07/03--01067--001 \*\*\$8.75

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

89305184.

3. Mailing Address

16251 Golf Club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

290

306

City & State

City & State

DAVIE FL

WESTON FL

Zip

Zip

33324

Country

FLORIDA

33326

Country

FLORIDA

4. FEI Number

65-035129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TERRY BARROW

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

16251 Golf Club Rd #306

City

Weston

FL

Zip Code

33326

**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.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
TERRY BARROW  
16251 GOLF CLUB RD #506  
WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
TY BARROW  
1831 NW 32 CT  
OAKLAND PARK FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
JIM BARROW  
5620 SW 94 PLACE  
MIAMI FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY BARROW

12-13-02

Date

Daytime Phone #

954 448 8083