

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90064 025 ***150.00

DOCUMENT # L47892

1. Entity Name
SOUTHEAST CRANE PARTS, INC.

Principal Place of Business

% KENNETH R. MILLER
4652 PHILLIPS HWY.
JACKSONVILLE FL 32207-7266

Mailing Address

% KENNETH R. MILLER
4652 PHILLIPS HWY.
JACKSONVILLE FL 32207-7266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2989906

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

MILLER, KENNETH R
4652 PHILLIPS HWY.
JACKSONVILLE FL

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input type="checkbox"/> Delete
NAME	MOODY, M.D., III	
STREET ADDRESS	4969 RIVER POINT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUPONT, V. ROGER	
STREET ADDRESS	1329 HARBOR OAKS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	Elizabeth A. Nicholas	
STREET ADDRESS	4652 Phillips Highway	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	T. Boyd Moody	
STREET ADDRESS	4652 Phillips Highway	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VP CFO	<input type="checkbox"/> Delete
NAME	Kenneth R. Miller	
STREET ADDRESS	4652 Phillips Highway	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VP Cont	<input type="checkbox"/> Delete
NAME	Stephen T. Cumella	
STREET ADDRESS	4652 Phillips Highway	
CITY-ST-ZIP	Jacksonville, FL 32207	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Kenneth R. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)