

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91551 015 ***550.00

DOCUMENT # L62947

1. Entity Name
SAND CRANE CORPORATION

Principal Place of Business

Mailing Address

605 UNIVERSE BLVD
 SUITE 302
 JUNO BEACH FL 33408
 US

C/O HIRSHMAN, KARL J.
 PO BOX 400
 BINGHAMTON NY 13902
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13205 US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

City & State

Juno Beach FL

4. FEI Number **11-6026855**

Applied For

Not Applicable

Zip **33408**

Country **USA**

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

HIRSHMAN, ELSIE
 605 UNIVERSE BLVD
 STE 302
 JUNO BEACH FL 33405

Name

John W. Kurtz

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

13205 U.S. Hwy 1

Suite 500

City

Juno Beach

FL

Zip Code

33408

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]

John W. Kurtz

5/7/01

(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
DP
HIRSHMAN, KARL J.
3370 THISTLEWOOD DR
BINGHAMTON NY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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HIRSHMAN, ELSIE
605 UNIVERSE BLVD SUITE 302
JUNO BEACH FL

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☐ Change ☐ Addition

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]* **PRES.**

5/10/01

Date

Daytime Phone #

607-771-4952

CR2E034 (10/00)