

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002087

1. Entity Name  
CRANE'S STATIONERS, L.L.C.

FILED

01 APR 10 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
SPACE 1228, TOWN CENTER AT BOCA RATON  
600 WEST GLADES RD  
BOCA RATON FL 33431

Mailing Address  
SPACE 1228, TOWN CENTER AT BOCA RATON  
600 WEST GLADES RD  
BOCA RATON FL 33431



2. Principal Place of Business

3. Mailing Address

30 South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6000 West Glades Rd.

City & State

City & State

Dalton, MA

Zip

Country

Zip

Country

01226

4. FEI Number 06-1551798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLORAN, LINA  
SPACE 1228, TOWN CENTER AT BOCA RATON  
600 WEST GLADES ROAD  
BOCA RATON FL 33431

Name

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

6000 West Glades Rd

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☐ Addition  
Crane & Co., Inc.  
30 South Street  
Dalton, MA 01226  
sole member

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
600004036966--6  
-04/20/01--01130--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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:

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

Date

Daytime Phone #

Richard C. Kendall 4/04/01 (413) 684-6224

0014-35 AT

CR2E083 (11/00)