2001 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2001 8:00 am DOCUMENT # P0000003627 * Secretary of State 1. Entity Name 02-14-2001 90026 005 ***150.00 GORDON CRANE CO., INC. Principal Place of Business Mailing Address 1801 INLET DRIVE 1801 INLET DRIVE NORTH FT MYERS FL 33903 622997 NORTH FT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 45-0991822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --GORLON M CENTILLA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) **343 ALMERIA AVENUE** INLETOR CORAL GABLES FL 33134 Zip Code **33903** City NFT Myens 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 2/10/01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE CENTILLA, GORDON M NAME NAME 1801 INLET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH FT MYERS FL 33903 TITLE ☐ Delete TITLE Change CAROLE A CENTILLA NAME NAME STREET ADDRESS STREET ADDRESS 18011462T De CITY-ST-ZIP CITY-ST-ZIP NFT HYORS, FL Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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,

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