

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90048 014 ***150.00

DOCUMENT # P00000038626

1. Entity Name
THREE RIVERS CRANE SERVICE, INC.

Principal Place of Business 1043 ST. ROSE ROAD GRAND RIDGE FL 32442	Mailing Address 1043 ST. ROSE ROAD GRAND RIDGE FL 32442
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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
59-3638054

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARVIN, KARIN A ESQ.
 FITZGERALD & BROOKS, P.A.
 6839 CAROLINE STREET
 MILTON FL 32570**

7. Name and Address of New Registered Agent

Name
Kenneth Brooks - Fitzgerald & Brooks, P.A.

Street Address (P.O. Box Number is Not Acceptable)
6839 Caroline Street

City **Milton** FL Zip Code **32570**

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]* **Kenneth L. Brooks, Jr. Reg. Agent 010901**
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	VD OUTLAW, RICHARD P 1043 ST. ROSE ROAD GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OUTLAW, LYNN G 1043 ST. ROSE ROAD GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **LYNN G. Outlaw** 2-14-01 850-592-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)