

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90045 022 \*\*\*150.00

**DOCUMENT # P00000060625**

**1. Entity Name**  
**MARINE CRANE SERVICES, INC.**

**Principal Place of Business**

**P O BOX 547**  
**FLAGLER BEACH FL 32136-0547**

**Mailing Address**

**P O BOX 547**  
**FLAGLER BEACH FL 32136-0547**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**4601 Hwy 100 E.**

**Suite, Apt. #, etc.**  
**Suite D-10**

**City & State**  
**Bunnell, Fl.**

**Zip**  
**32110**

**Country**  
**USA**

**3. Mailing Address**

**SAME**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**4. FEI Number**  
**59-3661596**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRYANT, TIMOTHY**  
**416 AVALON AVE**  
**FLAGLER BEACH FL 32136**

**7. Name and Address of New Registered Agent**

**Name**  
**Timothy Bryant**

**Street Address (P.O. Box Number is Not Acceptable)**  
**114 Palmetto Ave.**

**City**  
**Flagler Bch.** **FL** **Zip Code**  
**32136**

**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** *Timothy Bryant* **Timothy Bryant, R.A., President** **4/19/02**  
Signature, typed or printed name of registered agent and date 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**

**TITLE**  
**VPS** ☐ **Delete**  
**NAME**  
**BRYANT, SUZANNE**  
**STREET ADDRESS**  
**P O BOX 547**  
**CITY-ST-ZIP**  
**FLAGLER BEACH FL 32136-0547**

**TITLE**  
**PT** ☐ **Delete**  
**NAME**  
**BRYANT, TIMOTHY**  
**STREET ADDRESS**  
**116 AVALON AVE**  
**CITY-ST-ZIP**  
**FLAGLER BEACH FL 32136-0547**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**SAME** ☒ **Change** ☐ **Addition**  
**NAME**  
**SAME**  
**STREET ADDRESS**  
**114 Palmetto Ave.**  
**CITY-ST-ZIP**  
**SAME**

**TITLE**  
**SAME** ☒ **Change** ☐ **Addition**  
**NAME**  
**SAME**  
**STREET ADDRESS**  
**114 Palmetto Ave.**  
**CITY-ST-ZIP**  
**SAME**

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

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

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

**TITLE** ☐ **Change** ☐ **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** *Timothy Bryant* **Timothy Bryant, Pres.** **4/19/02** **386-437-9676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)