

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90758 009 \*\*\*150.00

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**DOCUMENT # P00000060625**

1. Entity Name

MARINE CRANE SERVICES, INC.



Principal Place of Business

4601 HWY 100 E  
SUITE D-10  
BUNNELL FL 32110

Mailing Address

~~4601 HWY 100 E  
SUITE D-10  
BUNNELL FL 32110~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Flagler Bch, FL

Zip

Country

32136

Country

USA

4. FEI Number

59-366 1596

Applied For

Not Applicable

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

BRYANT, TIMOTHY  
114 PALMETTO AVE.  
FLAGLER BEACH FL 32136

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS  
NAME BRYANT, SUZANNE  
STREET ADDRESS 114 PALMETTO AVE.  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT  
NAME BRYANT, TIMOTHY  
STREET ADDRESS 114 PALMETTO AVE.  
CITY-ST-ZIP FLAGLER BEACH FL 32136-0547

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy Bryant

4/25/03 (386)437-9676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Yr Phone #

CR2E034 (10/02)