

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 24, 2001 8:00 am
Secretary of State

04-30-2001 90443 025 ***150.00

DOCUMENT # P00000061909

1. Entity Name

CENTRAL CRANE & RIGGING, INC.

Principal Place of Business

**2421 N.E. 17TH TERR.
 GAINESVILLE FL 32609**

Mailing Address

**2421 N.E. 17TH TERR.
 GAINESVILLE FL 32609**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3654328

Applied for

Not Applied for

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, STEVE R
 2421 N.E. 17TH TERR.
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **STEVEN CONNER**

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

1106 PARK AVENUE

City **ORANGEPARK**

Zip Code **32073**

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 Steve R. White **STEVE R. WHITE, PRES** **04/24/01**
(Signature of person changing name or registered office or both, or both, in the State of Florida) (NOT Required Agent's signature required when removing) 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 \$350.00
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

TITLE	D	☐ Delete
NAME	WHITE, STEVE R	
STREET ADDRESS	2421 N.E. 17TH TERR.	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE	P	☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/A)

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	WILLIAM HARPER	
STREET ADDRESS	8039 VALLEY DR.	
CITY-STATE-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	SEC TREAS	☐ Change ☒ Addition
NAME	JAMES A GUEST, III	
STREET ADDRESS	128 STARLAKE COURT	
CITY-STATE-ZIP	HAWTHORNE, FL 32640	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

Steve R. White
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

352-377-0503

CH2E034 (10/00)