

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-21-2001 90010 012 ***150.00

DOCUMENT # P00000116478

1. Entity Name

DAVIDSON CRANE AND CONVEYOR INC.

Principal Place of Business

1176 THATCH LANE
SUMMERLAND KEY FL 33042

Mailing Address

1176 THATCH LANE
SUMMERLAND KEY FL 33042

2. Principal Place of Business

1176 THATCH LN
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

SUMMERLAND KEY
FL 33042 MONROE

City & State

Zip Country

4. FEI Number

34-1098143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, NEIL L
1176 THATCH LANE
SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent

Name
NEIL L. DAVIDSON
Street Address (P.O. Box Number is Not Acceptable)
1176 THATCH LN.
SUMMERLAND KEY FL
City FL Zip Code 33042

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

Neil L. Davidson

3-16-2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, NEIL L	
STREET ADDRESS	1176 THATCH LANE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, CAROL JEAN	
STREET ADDRESS	1176 THATCH LANE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Neil L. Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2001/305-745

Date

Daytime Phone # 1454

CR2E034 (10/00)