

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90121 035 ***150.00

DOCUMENT # **PO10000027936**

1. Entity Name

Causey's Crane Service

DO NOT WRITE IN THIS SPACE

831164

2. Principal Place of Business

401 Bryan St.

Suite, Apt. #, etc.

Jax, FL 32202

City & State

32202

Country

Guva1

3. Mailing Address

P.O. Box 600069

Suite, Apt. #, etc.

Jax, FL

City & State

32260

Zip

Country

St. Johns

4. FEI Number

59-3703590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Causey Causey

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

401 Bryan St.

Jax, FL

City

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Causey Causey
P.O. Box 600069
Jax, FL 32260**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Leia Causey
P.O. Box 600069
Jax, FL 32260**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Leia Causey Secretary 4-5-02 912-462-5591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)