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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053750

1. Entity Name
NORTH PORT CRANE, INC.

Principal Place of Business	Mailing Address
2607 BELVIDERE ST N PORT, FL 34286	2607 BELVIDERE ST N PORT, FL 34286

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5116 Meldon Cir	PO Box 7015
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: North Port FL
Zip: 34232 Country: USA	Zip: 34287 Country: USA

4. FEI Number: 59-3722570 ☐ 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
GROVER, RUEL A 2607 BELVIDERE ST N PORT, FL 34286	Name: James D Claydon III Street Address (P.O. Box Number Is Not Acceptable): 5116 Meldon Circle City: Sarasota FL Zip Code: 34232

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] DATE: 5/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible]

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	P ☑ Delete	TITLE	President ☐ Change ☑ Addition
NAME	GROVER, RUEL A	NAME	James D Claydon III
STREET ADDRESS	2607 BELVIDERE ST	STREET ADDRESS	5116 Meldon Cir.
CITY-ST-ZIP	N PORT, FL 34286	CITY-ST-ZIP	Sarasota FL 34232
TITLE	VT ☑ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	GROVER, RICHARD A	NAME	Cherie L. Claydon
STREET ADDRESS	2607 BELVIDERE ST	STREET ADDRESS	5116 Meldon Cir.
CITY-ST-ZIP	N PORT, FL 34286	CITY-ST-ZIP	Sarasota FL 34232
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] James D Claydon III President 5/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

941-809-8821
6/9