2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000053750

1. Entity Name
NORTH PORT CRANE, INC.

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1998 EMBASSY RD. NORTH PORT, FL 34286	1998 EMBASSY RD. NORTH PORT, FL 34286

2. Principal Place of Business	3. Mailing Address
1998 Embassy Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL.	City & State
Zip: 34286 Country: USA	Zip Country

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
CLAYDON, JAMES D III 5116 MELDON CIRCLE SARASOTA, FL 34232	Name: James D. Claydon Street Address (P.O. Box Number is Not Acceptable): 1998 Embassy Rd. City: North Port FL Zip Code: 34286

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: _____ President DATE: 12/12/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLAYDON, JAMES D III 5116 MELDON CIRCLE SARASOTA, FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLAYDON, JAMES D III 1998 EMBASSY RD. North Port, FL 34286	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLAYDON, CHERIE L 5116 MELDON CIRCLE SARASOTA, FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLAYDON, CHERIE L. 1998 EMBASSY RD. North Port, FL 34286	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARROP, WILLIAM 4203 Juniper St. Pt. Charlotte, FL. 33948	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600025562686 12/17/03--01065--005 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ James D. Claydon III President 12/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

941-809-8821