

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067731

1. Entity Name  
ALLSTAR OVERHEAD CRANE SERVICE INC.

Principal Place of Business  
950-23 BLANDING BLVD #247  
ORANGE PARK FL 32065

Mailing Address  
950-23 BLANDING BLVD #247  
ORANGE PARK FL 32065

2. Principal Place of Business

1033 BLANDING BLVD  
Suite, Apt. #, etc.  
Suite 302

3. Mailing Address

P.O. Box 65129  
Suite, Apt. #, etc.

City & State  
ORANGE PARK, FL  
Zip  
32065 Country  
USA

City & State  
ORANGE PARK, FL  
Zip  
32065 Country  
USA

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90069 046 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3728096 Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NANCE, WILLIAM W  
2452 BLACKBEARD DRIVE  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name  
WILLIAM W NANCE  
Street Address (P.O. Box Number is Not Acceptable)  
1715 HODGES ROAD  
#1706  
City JACKSONVILLE FL Zip Code 32224

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 William W Nance, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	LEACH, TERRY A	1895 DARTMOUTH DRIVE MIDDLEBURG FL 32068	<input type="checkbox"/>
	D	NANCE, WILLIAM W	2452 BLACKBEARD DRIVE JACKSONVILLE FL 32224	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CHAIRMAN	LEACH, TERRY A	1895 DARTMOUTH DRIVE MIDDLEBURG, FL 32065		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	NANCE, WILLIAM W	1715 HODGES ROAD #1706 JACKSONVILLE, FL 32065		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	LEACH, ELIZABETH A	1895 DARTMOUTH DRIVE MIDDLEBURG, FL 32065		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 904-406-7827  
Date Daytime Phone #

CR2E034 (9/01)