

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90186 032 \*\*\*150.00

**DOCUMENT # P01000081121**

1. Entity Name

**CRAYER MATERIAL HANDLING, INC.**

Principal Place of Business

**4146 N FORSYTH RD  
WINTER PARK FL 32792**

Mailing Address

**4146 N FORSYTH RD  
WINTER PARK FL 32792**

2. Principal Place of Business

**4146 Forsyth Rd.**

3. Mailing Address

**4146 Forsyth Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

4. FEI Number

**59-3718288**

Applied For

Not Applicable

Zip

**32792**

Country

**USA**

Zip

**32792**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TULLOUS-WYLIE, CHERYL  
4146 N FORSYTH RD  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

**Name: Todd M. Craver**

**Street Address (P.O. Box Number is Not Acceptable):  
4146 Forsyth Rd.**

**City: Winter Park**

**FL**

**Zip Code: 32792**

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) ☒

**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	DP CRAVER, TODD M 536 MERIDALE AVE ORLANDO FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAVER, LOUISE K 536 MERIDALE AVE ORLANDO FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WYLIE, JOHN F 1018 PALOS VERDE DR ORLANDO FL 32825 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WULLOUS-WYLIE, CHERYL 1018 PALOS VERDE DR ORLANDO FL 32825 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

**Todd M. Craver Pres.**

**4.10.02**

**407.496.1451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)