2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000081121 **DOCUMENT #**

1. Entity Name

CRAVER MATERIAL HANDLING, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90207 009 ***150.00

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City & State City & Country City	2. Principal Place of Business				3. Mailing Address						1148: 4181 1481
ZipCountry	Suite, Apt. #, etc	. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo City FL Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the recibility of programs agent agent, or both, in the State of Florida. I am familiar with, and accept the recibility of programs agent agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN	City & State		City & State			4.	2953/18288				
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	12. I hereby certify	that the info	ermation supplied with t	this filina	does not qualify for			ection 1	119 07(3)(i) Florida Statutas I further o	artify that the is	oformation

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:

407.496.1451