

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91444 001 ***150.00

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1. Entity Name
SHADD GRABER CRANE CORP



Principal Place of Business
938 GANTT AVENUE
SARASOTA FL 34232

Mailing Address
938 GANTT AVENUE
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

PMB 138

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5436 Fruitville Road

City & State

Sarasota Florida

4. FEI Number

04-3615457

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

US

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

TROYER, PAMELA
7543 N LEEWYNN DRIVE
SARASOTA FL 34240

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
D GRABER, SHADD
938 GANTT AVENUE
SARASOTA FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Lorrie A. Graber
938 Gantt Ave
Sarasota, FL 34232

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
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STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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Change
Addition

TITLE
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CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

941-378-1578

Date

Daytime Phone #

CR2E034 (10/02)