

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90758 018 ***150.00

DOCUMENT # P02000096774 1. Entity Name PALM COAST CRANES INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business P O BOX 1811 Suite, Apt. #, etc.		3. Mailing Address P O BOX 1811 Suite, Apt. #, etc.	
City & State DELEON SPRINGS FL		City & State DELEON SPRINGS FL	
Zip 32130	Country US	Zip 32130	Country US
4. FEI Number 02-0642108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MCINNIS, JOANN			
Street Address (P.O. Box Number is Not Acceptable) 5657 NORTH HIGHWAY 17			
City DELEON SPRINGS FL			
Zip Code 32130			
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 _____ (NOTE: Registered Agent signature required when reinstating)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE PT NAME JULIAN MCINNIS STREET ADDRESS P O BOX 1811 CITY-ST-ZIP DELEON SPRINGS FL 32130			
TITLE VS NAME JOANN MCINNIS STREET ADDRESS P O BOX 1811 CITY-ST-ZIP DELEON SPRINGS FL 32130			
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>JoAnn McInnis</i>		4-30-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

CR2E0346 (12/02)