

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27488

1. Entity Name

ESSEX CRANE INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90038 016 \*\*\*150.00

Principal Place of Business

Mailing Address

777 TERRACE AVE  
 HASBROUCK HEIGHTS NJ 07070  
 US

P.O. BOX 286  
 FORT LEE NJ 07024-0286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2995683

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORANO, VINCENT A.	
STREET ADDRESS	500 ROUTE 17 SOUTH	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07070	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORANO, CHRISTOPHER J.	
STREET ADDRESS	500 ROUTE 17 SOUTH	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07070	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORANO, JOSEPH A.	
STREET ADDRESS	500 ROUTE 17 SOUTH	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07070	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORANO, CARL F	
STREET ADDRESS	777 TERRACE AVE	
CITY-ST-ZIP	HASBROUCK HGTS NJ 07604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	777 TERRACE AVE	
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	777 TERRACE AVE	
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	777 TERRACE AVE	
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/27/00

201-569-4100

Date

Daytime Phone #

CR2E034 (9/99)