2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State P93000017805 DOCUMENT # 1. Entity Name 03-26-2002 90042 021 ***150 00 RICK'S CRANE SERVICE, INC. Principal Place of Business Mailing Address P.O. DRAWER 1118 P.O. DRAWER 1118 LAKE CITY FL 32056 LAKE CITY FL 32056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3167645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAIL, W E Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 247 LAKE CITY FL 32055 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change TITLE Delete TITLE NAME NAIL, RICHARD W NAME POST OFFICE DRAWER 1118 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32056 CITY-ST-ZIP ☐ Addition TITLE **VP** ☐ Delete TITLE Change NAME NAIL, STEVEN H NAME STREET ADDRESS STREET ADDRESS POST OFFICE DRAWER 1118 N/A CITY-ST-ZIP CITY-ST-7IP LAKE CITY FL 32056 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME NAIL: W E STREET ADDRESS POST OFFICE DRAWER 1118 N/A STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32056 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accordate 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 empowers, to give the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

GNING OFFICER OR DIRECTOR

changed, or on an attachment with an addr

SIGNATURE:

386-152-5696

Daytime Pho

-11-02

FILED