

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90022 026 \*\*\*150.00

0101368  
AV**DOCUMENT # P94000020423**

1. Entity Name

**AMERICAN CRATING, INC.**

Principal Place of Business

~~6300 HAZELTINE NATIONAL DRIVE~~  
~~SUITE 100~~  
~~ORLANDO FL 32822~~

Mailing Address

~~6300 HAZELTINE NATIONAL DRIVE~~  
~~SUITE 100~~  
~~ORLANDO FL 32822~~

2. Principal Place of Business

**7454 Brokerage Drive**

3. Mailing Address

**7454 Brokerage Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Orlando, FL**

City &amp; State

**Orlando, FL**

4. FEI Number

~~59-3226203~~  
~~59-3226200~~

Applied For

Not Applicable

Zip

**32809**

Country

**USA**

Zip

**32809**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, THOMAS**~~6300 HAZELTINE NATIONAL DR.~~  
~~SUITE 100~~  
~~ORLANDO FL 32822~~**7454 Brokerage Dr.**  
**Orlando, FL**  
**32809**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete  
NAME **D MURRAY, THOMAS R**  
STREET ADDRESS **13366 SUNSET LAKES 13542**  
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☒ Delete  
NAME **D GAIN, JAMES F**  
STREET ADDRESS **8610 CHICORY CT**  
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)