## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000085144 Mar 04, 2000 8:00 am **Secretary of State** KAUFMAN CRANE SERVICE, INC. 03-04-2000 90031 015 \*\*\*150.00 Mailing Address Principal Place of Business 915 SEA FOX RD 915 SEA FOX RD VENICE FL 34293 VENICE FL 34293-5645 2. Principal Place of Business 3. Mailing Address Auburn Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **₹**5 Applied For City & State City & State 4. FEI Number 65-0536407 Not Applicable venice Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAUFMAN, DAWN E 915 SEA FOX RD VENICE FL 34293 Zip Code 3429み 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Dennis J. TITLE KAUFMAN, DENNIS J NAME S. Auburn Rd 915 SEA FOX RD STREET ADDRESS STREET ADDRESS Venice FL 34292 CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP **X** Change ☐ Addition ☐ Delete TITLE TITLE Kaufman, Dawn E. KAUFMAN, DAWN E NAME NAME as I Auburn Rd 915 SEA FOX RD STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP Venice FL 34292 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

2-28-00

941-483-3886

Daytime Pi