**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

changed, or on an attachme

SIGNATURE:

## Apr 24, 2003 8:00 am Secretary of State **DOCUMENT #** P95000076670 04-24-2003 90135 030 \*\*\*150.00 1. Entity Name CORBETT CRANE RENTAL, INC. Principal Place of Business Mailing Address TIUTIUII 998 BELLEVUE AVE . PO BOX 388 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FE! Number 59-3337474 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 CORBETT, P.E. Street Address (P.O. Box Number is Not Acceptable) 998 BELLEVUE AVE DAYTONA BEACH FL 32114 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1ብ. 11. TITLE Delete TITLE ☐ Change Addition CORBETT, P.E. NAME NAME STREET ADDRESS STREET ADDRESS 998 BELLEVUE AVE DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of the corporation or the receiver of tustee en my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i