## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000001933**

1. Entity Name

CRANE CONSTRUCTION COMPANY, INC.

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## FILED Jun 21, 2000 8:00 am Secretary of State

05-23-2000 90100 001 \*\*\*308.75

Principal Pla	ce of Business	Mailing Address							
	REL AVENUE CIRCLE 9949 LAUREL AVENUE CIRCLE ON FL 34202 BRADENTON FL 34202								
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. Principal	ncipal Place of Business 3. Mailing Address						water to any or		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SI	PACE		
City & Sta	110	City & State			4. FEI Numb	er 65-0632131			polied For
Zip	Zip Country Zip		Coun	try ,	5. Certificate	of Status Desired		8.75 Ad	
<del></del>	6. Name and Address of Current	Registered Agent			7." Name and	Address of New Re			<del></del>
				Name			<u> </u>		
CRA	we, timothy			Stroot Address	• (P.O. Boy Numb	er is Not Acceptable	<del></del>		
	LAUREL-AVENUE CIRCLE=			Silver Address	S (P.O. BOX NUMB		/ <del>:</del>		<u> </u>
BRA	DENTON FL 34202	•					·		
				City			FL	Zip Co	
The above	e named entity submits this statement for	ar the number of changing i	te engietare	d office or rogic	lored enert or be	th in the State of Flo			
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GNATURE	•					*			
PINN DUE	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registere	d Agent eignature requ	red when reinstating)	<del> </del>	DATE	-	
. This corp . Tax tiling	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	VIII FEE	IS \$150.00 Will be \$550.00	510. E	ection Campaign Fina ust Fund Contribution	ancing .	\$5.0	00 May Be
	<u> </u>	Make Check Paya	able to De	partment of S	tate				
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3. 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 eath; 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.

CITY-ST-ZIP\*\*\*

SIGNATURE:

CITY-ST-7IP\*

MANATURE AND TYPED OR PRINTED PLANE OF SIGNING OF DIRECTOR

6/6/00

941-35/-1510

Daytime Phone #