

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90178 006 ***150.00

DOCUMENT # P96000047852

1. Entity Name

CAMPBELL CRANE COMPANY

Principal Place of Business

**2259 FIRESTONE PLACE
WINTER HAVEN FL 33884
US**

Mailing Address

**2259 FIRESTONE PLACE
WINTER HAVEN FL 33884
US**

B0080495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1012 Biltmore Drive, NW
Suite, Apt. #, etc.**

3. Mailing Address

**1012 Biltmore Drive, NW
Suite, Apt. #, etc.**

City & State

Winter Haven, Fl.

City & State

Winter Haven, Fl.

Zip

33881

Country

Polk

Zip

33881

Country

Polk

4. FEI Number

65-0684123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, MONTE
1012 BILTMORE DR NW
WINTER HAVEN FL 33881**

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	STD	<input checked="" type="checkbox"/> Delete
NAME	SHAYER, MARY C	
STREET ADDRESS	1926 BERMUDA POINTE DR.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, MONTE	
STREET ADDRESS	2259 FIRESTONE PLACE	
CITY-ST-ZIP	WINTER HAVEN FL 33844	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SHAVER, CARRIE	
STREET ADDRESS	2259 FIRESTONE PL	
CITY-ST-ZIP	WINTER HAVEN FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, DEBORAH L.	
STREET ADDRESS	1012 BILTMORE DRIVE NW.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, MONTE	
STREET ADDRESS	1012 Biltmore Dr., N.W.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, PATRICIA L.	
STREET ADDRESS	1926 BERMUDA POINTE DR.	
CITY-ST-ZIP	HAINES CITY, FL 33844	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

2-28-02 407-947-3411

CR2E034 (9/01)