

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90010 046 \*\*\*150.00

01/15/01  
 AI

**DOCUMENT # P96000104428**

1. Entity Name  
**AMERICAN BRIDGE CRANE, INC.**

Principal Place of Business      Mailing Address

**655-A CIDCO RD      655-A CIDCO RD**  
**COCOA FL 32926      COCOA FL 32926**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3431467**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**JENNEY, ALFRED P**  
**655 CIDCO ROAD**  
**COCOA FL 32926**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNEY, ALFRED P</b>	NAME	
STREET ADDRESS	<b>655 CIDCO ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**      Date: **8/15/01**      Daytime Phone #: **321-6032-0990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment  
Doc # P96000104428

C6075780

August 21, 2001

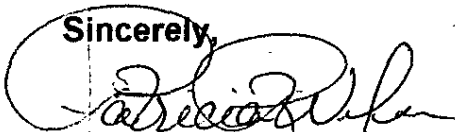
Division of Corporations  
Uniform Business Report Filings Department  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: P96000104428  
American Bridge Crane, Inc.

Dear Sirs,

We recently received our UBR, it was not until then that I realized that we did not receive the first form that was due in the beginning of the year. I am sending the \$150.00 fee that was originally due and I am requesting an abatement of the \$400.00 late charge assessed our account. Our history will show that we have always paid this on time and this is the first time that we have been late. Please feel free to call if you have any questions. Thank you in advance for your attention to this matter.

Sincerely,



Patricia R. Wilson  
Office Manager  
American Bridge Crane, Inc.  
d\bla Equipment Fabricators International

FILE:(wpwin\UBR\tr082101.wp)

 equipment fabricators int'l.

655 Cidco Road  
Cocoa, Florida 32926  
(407) 632-0990 • Fax (407) 639-4334