

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90110 002 ***150.00

DOCUMENT # 797000017830

1. Entity Name

Wayne's crane Service Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 S Fairbanks Path

3. Mailing Address

1823 W Union Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lecanto FL

City & State

Hernando FL

Zip

34461

Country

Citrus

Zip

34442

Country

Citrus

4. FEI Number

65-0735522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TERESA ERICKSON

Street Address (P.O. Box Number is Not Acceptable)

1823 W Union Street

City

Hernando FL

FL

Zip Code

34442

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME Steven J Erickson
STREET ADDRESS 1823 W Union Street
CITY-ST-ZIP Hernando FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President
NAME JOHN A MORUP
STREET ADDRESS 3091 N OAKLAND TER
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC/TREAS
NAME Teresa L Erickson
STREET ADDRESS 1823 W Union Street
CITY-ST-ZIP Hernando FL 34442

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

(352) 527-3778

Daytime Phone #

CR2E034B (12/01)