

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90188 011 \*\*\*150.00

**DOCUMENT # P97000023340**

1. Entity Name

**KEENE CRANE & EQUIPMENT, INC.**

Principal Place of Business

**703 HITCHCOCK ST.  
PLANT CITY FL 33566**

Mailing Address

**703 HITCHCOCK ST.  
PLANT CITY FL 33566-5607****900640**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4645 State RD 60 West  
Suite, Apt. #, etc.**

3. Mailing Address

**4645 State RD 60 West  
Suite, Apt. #, etc.**

City &amp; State

**Mulberry, Florida**

City &amp; State

**Mulberry, Florida**

4. FEI Number

**59-3447300**

Applied For

Not Applicable

Zip

**33860**

Country

**POLK**

Zip

**33860**

Country

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

6. Name and Address of Current Registered Agent

**KEENE, WILLIAM  
2407 TRAPNELL RD.  
PLANT CITY FL 33566**

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**KEENE, WILLIAM  
703 HITCHCOCK ST.  
PLANT CITY FL 33566**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**KEENE, WILLIAM KIPLIN  
703 HITCHCOCK ST.  
PLANT CITY FL 33566**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**KEENE, LAVERNE  
703 HITCHCOCK ST.  
PLANT CITY FL 33566**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
**4645 State Road 60 West  
Mulberry, FL 33860**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
**4645 State Road 60 West  
Mulberry, FL 33860**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
**4645 State Road 60 West  
Mulberry, FL 33860**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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:

**William Keene**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-425-4510

Date **1-10-00** Phone #

CR2E034 (9/99)