## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State DOCUMENT # P97000024237 1. Entity Name 05-19-2002 90167 017 \*\*\*150.00 BROOKSVILLE CRANE SERVICE, INC. Principal Place of Business Mailing Address 24478 DORSEY SMITH RD 24478 DORSEY SMITH RD A U CLEB BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ----4. FEI Number Applied For 59-3439511 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDS, ARTHUR C Street Address (P.O. Box Number is Not Acceptable) 24478 DORSEY SMITH RD **BROOKSVILLE FL 34601** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME FIELDS, ARTHUR C NAME STREET ADDRESS 24478 DORSEY SMITH RD STREET ADDRESS CITY-ST-7IP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME fields, donna l NAME STREET ADDRESS 24478 DORSEY SMITH RD STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FIELDS, KEVIN W NAME STREET ADDRESS 24478 DORSEY SMITH RD STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

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