

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000013933

FILED
Apr 30, 2003
Secretary of State

Entity Name: CRAWFORD EQUIPMENT CO.

Current Principal Place of Business:

500 KINGSTON AVE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

P. O. BOX 11843
DAYTONA BEACH, FL 32120 US

Current Mailing Address:

500 KINGSTON AVE
DAYTONA BEACH, FL 32114 US

New Mailing Address:

P. O. BOX 11843
DAYTONA BEACH, FL 32120 US

FEI Number: 59-3490754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, DEBRA A
500 KINGSTON AVE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

CRAWFORD, DEBRA A PRES
P. O. BOX 11843
DAYTONA BEACH, FL 32120 US

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: DEBRA A. CRAWFORD

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAWFORD, DEBRA A
Address: 812 SUGARHOUSE BLVD.
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: MOORE, DENEAH B
Address: 6076 SABAL HAMMOCK CIR
City-St-Zip: DAYTONA BEACH, FL 32124

Title: D () Delete
Name: THOMAS, KELLI B
Address: 6070 SABAL HAMMOCK CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A. CRAWFORD

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date