2000 UNIFORM BUSINESS REPOR	RT (UBR)		<i>.</i>	,
DOCUMENT # \$15 P98000022677 Entity Name Convict Scovering TAIC				
BT CRANE SERVICE, INC				
rincipal Place of Business 2108 SEWARD DR Mailing Address	.	00 MAR 13 AM In: 53		
PO BX 19173		SECRETATE TALLAHASSEE, FLORIDA		
JAK (301	34274	2		
Principal Place of Business 3. Mailing Address P B		DO NOT WRITE IN THIS SPACE		
City & State STA PL SARASOTA FL.		4. FEI Number (05 08/2302	_ 	lied For Applicable
34234 Country 3427(0	Country		8.75 Addit	tional
6. Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered Ag		
		(P.O. Box Number is Not Acceptable)		
BENJAM IN MYKIBBIN JR Street Address 2108 Sew ARD DR SARASOTA, FL 34234		(1.0. Dox Number to Not Note place)		
SARASOTA, FC 34234	City	FL	Zip Code	
The above named entity submits this statement for the purpose of changing its rep	gistered office or registe		L	
GNATURE Signature, typed or printed name cylegistered agent and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DATE		
Freedy that the first the	FEE IS \$150.00			
(See critoria on back)	《新聞》、《新聞》、《新聞》、《本書》、《本書》、《本書》、《本書》、《本書》、《本書》、《本書》、《本書	THE PERSON NAMED IN COLUMN TO THE PE	Added t	
OFFICERS AND DIRECTORS 12 PRESENCENT Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND D		Addition
ME BENJAMINI MEKUBBIN JR REET ADDRESS 2108 SEW MED DR Y-ST-ZIP SARASOTA FL 34234	NAME STREET ADDRESS CITY-ST-ZIP	0000031785 -03/22/0001 ****300.00	0060 ****30	10 0.00
EVP VICE PRESIDENT Delete	TITLE NAME		Change	Addition
TEET ADDRESS 2108 SEW FORD DR Y-ST-ZIP SONCE A SONO PL 34234	STREET ADDRESS CITY-ST-ZIP			
LE Delete	TITLE NAME] Change	Addition
LEET ADDRESS Y-ST-ZIP	STREET ADDRESS			
LE Delete	TITLE		Change	Addition
ME EET ADORESS	NAME Street address			
Y-ST-ZIP Delete	CITY-ST-ZIP TITLE		Change	Addition
ME	NAME		7 Outlings	Addition
IEET ADDRESS Y-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	ACC :		
E □ Delete	.TITLE NAME	99-00 18 5	☐ Change	☐ Addition
EET ADDRESS Y-St-ZIP	STREET ADDRESS CITY-ST-ZIP	· 		
I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my sof the corporation or the receiver or trustee empowered to execute this report as	signature shall have the	same legal effect as if made under oath; that I am	an officer or	r director
changed, or on an attachment with an address, with all other like empowered.				
IGNATURE: JUNE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				

BT CRANE SERVICE, INC.

P O BOX 19173 SARASOTA, FL 34276 941 360 9077 OFC/780 2650 MBL-SCHEDULING Fax: 941 355 3031

March 6, 2000

Division of Corporations 409 E Gaines St Tallahassee, FL 32399

ATTN: Review Board

To whom this may concern;

Thank you,

Tina McKibbin, VP