

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028413

1. Entity Name  
MAK CRANE SERVICE, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90017 035 \*\*\*150.00

Principal Place of Business  
2315 J & C BOULEVARD  
NAPLES FL 33942

Mailing Address  
2315 J & C BOULEVARD  
NAPLES FL 34109-2047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
17492 Rocketteller Cir

3. Mailing Address  
PO Box 158

City & State  
Fort Myers FL

City & State  
Naples FL

Zip  
33912

Country

Zip  
34106

Country

4. FEI Number  
59-3506209

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 NORTH LAURA STREET  
SUITE 3100 - BARNETT CENTER  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
Name  
Glazier & Glazier PA  
Street Address (P.O. Box Number is Not Acceptable)  
8761 Perimeter Park Blvd  
Suite 103  
City  
Jacksonville FL Zip Code  
32216

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	DP WATERS, JOSEPH A 2315 J & C BOULEVARD NAPLES FL 33942 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOLAIVINI, MATHEW J 240 1ST AVE NORTH NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SULDAVINI, MATTHEW J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000 941-262-7230  
Date Daytime Phone #

CR2E034 (9/99)