

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91728 035 ***150.00

DOCUMENT # P98000071748

1. Entity Name

NORTH AMERICAN CRANE BUREAU GROUP, INC.

Principal Place of Business

**217 NORTH WESTMONTE DRIVE SUITE 3019
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**217 NORTH WESTMONTE DRIVE SUITE 3019
 ALTAMONTE SPRINGS FL 32714.**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULL, STEPHEN M

**111 NORTH ORANGE AVENUE SUITE 1700
 ORLANDO FL 32801**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**DCCP
 BLANTON, TED L
 1452 NORTHRIDGE DRIVE
 LONGWOOD FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CRISPELL, JOSEPH R
 1579 NORTH RIDGELAKE CIRCLE
 LONGWOOD FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 CLOSSON, BRADLEY D
 1057 CALLE MESITA
 BONITA CA 91902**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**STVP
 BLANTON, DIANA S
 1452 NORTHRIDGE DRIVE
 LONGWOOD FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLANTON, TED L JR.
 110 MEADOW BLVD
 SANFORD FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**EVP
 CRISPELL, JOSEPH R
 1579 N RIDGELAKE CIR
 LONGWOOD FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)