## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

the obligations of registered agent.

SIGNATURE

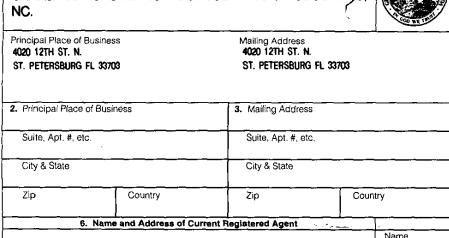
SIGNATURE:

P98000102982

1. Entity Name	
<b>CRANE TRANSPORTATION CONSULTANTS &amp; ASSOCIAT</b>	ſĘ
NC.	
	•

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE (S \$550.00



Aug 22, 2003 8:00 am Secretary of State

08-22-2003 90104 034 \*\*\*550.00

2. Principal Place of Business		3. Mailing Address		<del></del>		/B    B   1	(8185 78310 ISB! 108)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-3547418		Applied For		
							Not Applicable		
Zip	Country	Zip	Country			8.75 Additional ee Required			
6. Name and Address of Current Registered Agent				l	7. Name and Address of New Registered Agent				
CRANE, DONALD R JR				Name					
4020 12TH ST. N.			Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBI	URG FL 33703								
			· · · · · · · · · · · · · · · · · · ·	City	FL	Zip (	Code		
	ed entity submits this statem	ent for the purpose of changing	its register	ed office or regis	tered agent, or both, in the State of Florida. I am fan	niliar w	ith, and accept		

DATE

Daytime Phone #

\$5.00 May Be

9. Election Campaign Financing

After Se Make Check	ptember 10, 2003 Fee will be \$750.00 k Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11		
Title Name Street address City-St-Zip	P Crane, Donald R 4020 112TH ST N Saint Petersburg FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete ′	TITLE NAME STREET ADDRESS CITY ST. 719		☐ Change	☐ Addition	

12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

(NOTE: Registered Agent signature required when reinstating)