

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000104394

1. Entity Name

CERTIFIED CRANE & RIGGING, INC.

FILED

03 SEP 10 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3300 SW 50 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

4. FEI Number
650879862

Applied For
Not Applicable

Zip
33312

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William Walton

Street Address (P.O. Box Number is Not Acceptable)

3300 SW 50 Avenue

City Fort Lauderdale

FL Zip Code
33312

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 with date of application

(NOTE: Registered Agent Signature required when outstanding)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P/D William Walton 3300 SW 50 Avenue Fort Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	300022926693 09/10/03--01030--012 **\$300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiving trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, without being then empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DISTRICT

9/06/03



James T. McGonigle, PA
7027 W. Broward Blvd. PMB #280
Plantation, FL 33317

954-583-6666

Fax 954-584-5313

September 7, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Certified Crane & Rigging, Inc.
FEIN 650879862

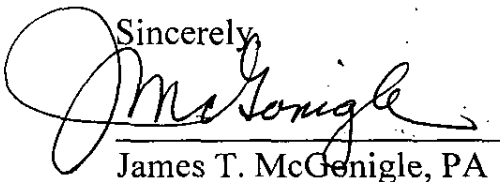
Sir:

Recently the above referenced client discovered that the corporation renewal had not been paid. We believe the reason for this is the address for the corporation has been changed and they never received a renewal form.

We are therefore, enclosing a check for \$300.00 along with a UBR Form and request that the existing corporation be reinstated.

Thank you for your consideration.

Sincerely,


James T. McGonigle, PA