

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90029 023 ***150.00

DOCUMENT # P99000007531

1. Entity Name

CRANE VENTURES, INC.

Principal Place of Business

**748 OLD HIGHWAY 98
DESTIN FL 32550**

Mailing Address

**P O BOX 6369
DESTIN FL 32550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558245

Applied For

Not Applicable

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

**DAMIANO, DOMINIC
328 BAYSHORE DRIVE
DESTIN FL 32541
32550**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

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 **P** ☐ Delete
NAME **DAMIANO, DOMINIC**
STREET ADDRESS **328 BAYSHORE DR**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **Director** ☐ Change ☒ Addition
NAME **Bill Davis**
STREET ADDRESS **P.O. Drawer 550**
CITY-ST-ZIP **Ft. Walton Bch, FL 32549**

TITLE **ST** ☐ Delete
NAME **JACOVELLI, SAVERIO**
STREET ADDRESS **P O BOX 6369**
CITY-ST-ZIP **DESTIN FL 32550**

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

TITLE **VP** ☐ Delete
NAME **DAMIANO, CHRIS**
STREET ADDRESS **748 OLD HIGHWAY 98**
CITY-ST-ZIP **DESTIN FL 32550**

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

TITLE **VP** ☐ Delete
NAME **PETERSON, LARRY**
STREET ADDRESS **126 WALTON WAY #5**
CITY-ST-ZIP **DESTIN FL 32550**

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

TITLE **D** ☐ Delete
NAME **DAMIANO, DOMINIC**
STREET ADDRESS **328 BAYSHORE DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
NAME **BARANOWSKI, DON**
STREET ADDRESS **3264 WINTERS CHAPPEL ROAD**
CITY-ST-ZIP **ATLANTA GA 30360**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 850-654-1606

CR2E034 (9/01)