

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000013995**

1. Entity Name

ATLANTIC CRANE & WELDING, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 014 ***158.75

Principal Place of Business

Mailing Address

4777 LENOX AVE **PO Box 6374**
JACKSONVILLE, FL 32205 JACKSONVILLE, FL
32236.

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANCE P COHEN
1723 BLANDING BLVD STE 102
JACKSONVILLE FL 32210

Name

NORMAN WRIGHT

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

3636 RAYFORD ST

City

JACKSONVILLE FL

Zip Code

32205

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

Norman G. Wright

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P NORMAN WRIGHT**
STREET ADDRESS **4777 LENOX AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

TITLE ☐ Delete
NAME **VP GLORIA WRIGHT**
STREET ADDRESS **4777 LENOX AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

Daytime Phone #

CR2E034 (9/99)