

2000 INITIAL FILING BUSINESS REPORT (UBR)

DOCUMENT # P99000044270

1. Entity Name

DRAWDY'S CRANE SERVICE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90158 015 ***150.00

00026886



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

BOX 414
FL 34755

PO BOX 414
MINNEOLA FL 34755-0414

2. Principal Place of Business

3. Mailing Address

PO Box 1238
Suite, Apt. #, etc.

PO Box 1238
Suite, Apt. #, etc.

City & State

City & State

MINNEOLA FL

MINNEOLA FL

Zip
34755

Country
LAKE

Zip
34755

Country
LAKE

4. FEI Number

Applied For

59-3576097

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

Name

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

City

FL

Zip Code

DRAWDY, DENNIS R
7132 S.R. 50
GROVELAND FL 34736

~~DRAWDY'S CRANE SVC.~~

~~DENNIS DRAWDY~~

15422 CR. 565A

CLERMONT

34711

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 DENNIS DRAWDY (OWNER) Dennis Drawdy 2-20-2000
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	SDVT DRAWDY, DENNIS R PO BOX 414 MINNEOLA FL 34755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAWDY, DENNIS R PO BOX 414 MINNEOLA FL 34755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DENNIS DRAWDY 2-20-2000 (352-394-2120)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)