## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P99000049645** Mar 01, 2001 8:00 am Secretary of State 1. Entity Name D.C. CRANES, INC. 03-01-2001 91344 033 \*\*\*150.00 Principal Place of Business Mailing Address 470 WATERWOOD COURT 470 WATERWOOD COURT CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3579175 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAWDY, DENNIS R JR. Street Address (P.O. Box Number is Not Acceptable) 470 WATERWOOD COURT CLERMONT FL 34711 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME DRAWDY, DENNIS R JR. NAME STREET ADDRESS STREET ADDRESS **470 WATERWOOD COURT** CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DRAWDY, CHRISTIE L NAME STREET ADDRESS STREET ADDRESS 470 WATERWOOD COURT CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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