2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am P99000049645 DOCUMENT # **Secretary of State** 1. Entity Name D.C. CRANES, INC. 03-14-2002 90019 001 ***150.00 Principal Place of Business Mailing Address 470 WATERWOOD COURT 470 WATERWOOD COURT 1111111111111111 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 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRAWDY, DENNIS R JR. Street Address (P.O. Box Number is Not Acceptable) **470 WATERWOOD COURT** CLERMONT FL 34711 Zip Code City 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 and title if applicable DATE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) Delete TITLE Addition TITLE. Drawdy, Dennis R. Jr. 470 waterwood Court DRAWDY, DENNIS R JR. NAME NAME 470 WATERWOOD COURT STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 Clermont, FL. 34711 CITY-ST-ZIP CITY-ST-ZIP **X** Change ☐ Addition Delete TITLE TITLE. Drawdy, Christie L 470 Waterwood Court DRAWDY, CHRISTIE L NAME NAME 470 WATERWOOD COURT STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP Clermont.FL. 34711 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete 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.

352)394-212C

FILED