## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2000 8:00 am Secretary of State DOCUMENT # P99000090598 1. Entity Name K CRANES RENTAL, INC. 05-16-2000 90792 007 \*\*\*150.00 Mailing Address Principal Place of Business 1342 COLONIAL BLVD., #E-36 1342 COLONIAL BLVD. #E-36 FORT MYERS FL 33907 FORT MYERS FL 33907-1013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State =096730**9** Not Applicable Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUNARD, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) ..1342 COLONIAL-BLVD., • #E-36 FORT MYERS FL 33907 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 (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, 2000 Fee will be \$550.00 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 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME CUNARD, LAWRENCE J NAME STREET ADDRESS STREET ADDRESS 1342 COLONIAL BLVD., #E-36 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Change Addition | Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS criv รา ก็ CITY-ST-ZIP [ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP... CITY-ST-ZIP == ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

changed, or on an attachment with an address, with all other

SIGNATURE:

SIGNATUR

SIGNING OFFICER OR DIRECTOR