

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000092684

1. Entity Name

SANTA FE CRANE & MACHINERY, INC.

02 OCT 15 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

700008353667--5

-10/14/02--01024--008

\*\*\*\*\*750.00 \*\*\*\*\*750.00

DO NOT WRITE IN THIS SPACE

|                                            |  |                                                         |  |
|--------------------------------------------|--|---------------------------------------------------------|--|
| 2. Principal Place of Business             |  | 3. Mailing Address                                      |  |
| 6740 Highway Avenue<br>Suite, Apt. #, etc. |  | 6740 Highway Avenue<br>Suite, Apt. #, etc.              |  |
| City & State<br>Jacksonville, Florida      |  | City & State<br>Jacksonville, Florida                   |  |
| Zip<br>32254                               |  | Zip<br>32254                                            |  |
| Country<br>USA                             |  | Country<br>USA                                          |  |
| 4. FEI Number<br>59-3612510                |  | Applied For<br>Not Applicable                           |  |
| 5. Certificate of Status Desired           |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Name<br>Richard K. Jones                                                  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>501 West Bay Street |                      |
| City<br>Jacksonville                                                      | Zip Code<br>FL 32202 |

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 |                                               |                |      |
|----------------------------|-----------------------------------------------|----------------|------|
| TITLE                      | NAME                                          | TITLE          | NAME |
| STREET ADDRESS             | DPCE<br>John B. Faulkner                      | STREET ADDRESS |      |
| CITY-ST-ZIP                | 6740 Highway Avenue<br>Jacksonville, FL 32254 | CITY-ST-ZIP    |      |
| TITLE                      | DVS                                           | TITLE          |      |
| NAME                       | Steven R. Johnson                             | NAME           |      |
| STREET ADDRESS             | 6740 Highway Avenue                           | STREET ADDRESS |      |
| CITY-ST-ZIP                | Jacksonville, FL 32254                        | CITY-ST-ZIP    |      |
| TITLE                      |                                               | TITLE          |      |
| NAME                       |                                               | NAME           |      |
| STREET ADDRESS             |                                               | STREET ADDRESS |      |
| CITY-ST-ZIP                |                                               | CITY-ST-ZIP    |      |
| TITLE                      |                                               | TITLE          |      |
| NAME                       |                                               | NAME           |      |
| STREET ADDRESS             |                                               | STREET ADDRESS |      |
| CITY-ST-ZIP                |                                               | CITY-ST-ZIP    |      |
| TITLE                      |                                               | TITLE          |      |
| NAME                       |                                               | NAME           |      |
| STREET ADDRESS             |                                               | STREET ADDRESS |      |
| CITY-ST-ZIP                |                                               | CITY-ST-ZIP    |      |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. FAULKNER

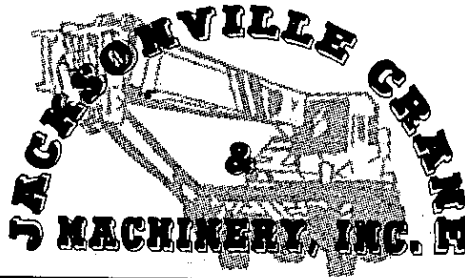
10/10/02

Date

904-786-3181

Telephone

9/10/15/02



---

6740 Highway Avenue • Jacksonville, FL 32254 • Phone: 904-786-3181 • Fax: 904-786-1131

October 10, 2002

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed find check in the amount of \$ 750.00 to reinstate Santa Fe Crane & Machinery, Inc. as a corporation. Also enclosed is the UBR form.

Thank you for your prompt attention,

Jacksonville Crane & Machinery, Inc.

A handwritten signature in cursive script, reading "Leon Zimmerman". The signature is written in dark ink and is positioned above the printed name and title of the signatory.

Leon Zimmerman  
CFO

Enc.