FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092684

1. Entity Name

SANTA FE CRANE & MACHINERY, INC.

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 Suite, Apt. #, etc.	6740 Highway Avenue Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32254 Country: USA	Zip: 32254 Country: USA

4. FEI Number: 59-3612510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard K. Jones

Street Address (P.O. Box Number Is Not Acceptable): 501 West Bay Street

City: Jacksonville FL Zip Code: 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPCE
NAME	John B. Faulkner
STREET ADDRESS	6740 Highway Avenue
CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	DVS
NAME	Steven R. Johnson
STREET ADDRESS	6740 Highway Avenue
CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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: J B Faulkner 10/10/02 904-786-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN B. FAULKNER

pd 10/15/02

JACKSONVILLE CRANE & MACHINERY, INC.

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.

Leon Zimmerman

Leon Zimmerman
CFO

Enc.