

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
 08-31-2000 90006 048 ***550.00

DOCUMENT # P99000104467

1. Entity Name
 ACE CRANE SERVICE, INC. ✓

Principal Place of Business
 690 7TH ST. S.W.
 NAPLES FL 34117

Mailing Address
 690 7TH ST. S.W.
 NAPLES FL 34117

00082753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 390 7th St SW

3. Mailing Address
 SAME - 390 7th St SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Naples Florida

City & State
 Naples FL

4. FEI Number
 65-0964133

Applied For
 Not Applicable

Zip
 34117

Country
 USA

Zip
 34117

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, LEONARD L
 690 7TH ST. S.W.
 NAPLES FL 34117

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, LEONARD L 690 7TH ST. S.W. NAPLES FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, SONJA M 690 7TH ST. S.W. NAPLES FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Leonard L. Dunn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-2000 941-643-2923
 Date Daytime Phone #

11-4 (5/00)