

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105584

1. Entity Name

SUNCOAST CRANE MAN, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90351 031 ***150.00

Principal Place of Business

2763 BRAHAM COURT
PALM HARBOR FL 34684

Mailing Address

2763 BRAHAM COURT
PALM HARBOR FL 34684

2. Principal Place of Business

14231 ACRE WAY
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5954
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HUDSON FLA

City & State

HUDSON FLA

4. FEI Number

59-3612476

Applied For

Not Applicable

Zip

34674

Country

PASCO

Zip

34674

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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's 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE PSTD
NAME MAHONY, GARY P
STREET ADDRESS 2763 BRAHAM COURT
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MAHONY
NAME
STREET ADDRESS P.O. BOX 5954
CITY-ST-ZIP HUDSON FL 34674 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 FEB 01

Date

727946 6535

Daytime Phone #

CR2E034 (10/00)