

FILED  
Mar 26, 2003 8:00 am  
Secretary of State

03-26-2003 90153 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V54969

1. Entity Name  
**SOUTHERN CRANE & DRAGLINE SERVICE, INC.**



Principal Place of Business  
5215 BOX TURTLE CIRCLE  
SARASOTA, FL 34232 US

Mailing Address  
~~5215 BOX TURTLE CIRCLE~~  
SARASOTA, FL 34232 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 50757

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota

City & State

City & State

FL

Zip

Country

Zip

Country

34232

US-Sarasota



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
65-0362911

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, BOBBY  
5215 BOX TURTLE CIRCLE  
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name  
Daniel Prewett

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

5777 Beneva Rd S.

City  
Sarasota

FL

Zip Code

34233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert G Edwards*

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

(NOTE: Registered Agent's signature required when reinstating)

3-20-03

DATE

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EDWARDS, ROBERT G SR	5215 BOX TURTLE CIRCLE	SARASOTA, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert G Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

941-650-5571

Daytime Phone #

CR2E034 (10/02)