

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64591

1. Entity Name

AMERICA CRANE CONSULTANT SERVICES, INC.

Principal Place of Business

1500 E. LANSDOWNE AVE
ORANGE CITY FL 32774
US

Mailing Address

1500 E. LANSDOWNE AVE.
ORANGE CITY FL 32763
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HASTINGS, RHONDA
1500 E. LANSDOWNE AVE.
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name Bonna Hastings
Street Address (P.O. Box Number is Not Acceptable)
651 W. Graves Ave
City Orange City FL Zip Code 32763

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

Bonna Hastings
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8 Jan 01

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	PVS	<input checked="" type="checkbox"/> Delete
NAME	HASTINGS, RHONDA	
STREET ADDRESS	1500 E LANSDOWNE AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HASTINGS, RHONDA	
STREET ADDRESS	1500 E. LANSDOWNE AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hastings, Bonna Lynn	
STREET ADDRESS	651 W. Graves Ave	
CITY-ST-ZIP	Orange City FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Bonna Hastings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Jan 01 904 774 0069
Date Daytime Phone #

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-16-2001 90055 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3145423

Applied For

Not Applicable

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

CR2034 (10/00)