


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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90227 035 ***150.00

DOCUMENT # 79600005400

1. Entity Name
CROSSLAND PROPERTIES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9811 MALLARD DR</u> Suite, Apt. #, etc. <u>213</u> City & State <u>LAUREL MD</u> Zip <u>20108</u> Country <u>US</u>		3. Mailing Address <u>SAME</u> City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>52-1763482</u>		Applied For <input type="checkbox"/> No: Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Applicable) <u>1200 SOUTH PINE ISLAND RD</u> City <u>PLANTATION</u> FL Zip <u>33324</u>		

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>D PRAGER, JON J</u> <u>9811 MALLARD DR #213</u> <u>LAUREL MD 20108</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DR DEWITT, JOSEPH A</u> <u>1050 HICKLEBERRY ROW</u> <u>ELLICOTT CITY MD 21043</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S CLOK, MICHAELS</u> <u>6509 TOLSON HILL TERR</u> <u>BETHESDA MD 20816</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowerments.

SIGNATURE: Michael Cook 5/15/03 301-725-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)