

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
 03-28-2002 90356 013 ***150.00

CR15000 AT

DOCUMENT # F96000004612

1. Entity Name
CROSSHOST, INC.

Principal Place of Business

1640 SCHOOL STREET
MORAGA LA 94556

Mailing Address

1640 SCHOOL STREET
MORAGA LA 94556

2. Principal Place of Business

1640 School Street

Suite, Apt. #, etc.

3. Mailing Address

1640 School Street

Suite, Apt. #, etc.

City & State

Moraga CA

City & State

Moraga CA

Zip

94550

Country

USA

Zip

94550

Country

USA

4. FEI Number

75-2696061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

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 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, 2002 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 **P** ☐ Delete
NAME **PATTERSON, LE**
STREET ADDRESS **1640 SCHOOL STREET**
CITY-ST-ZIP **MORAGA LA 94556**

TITLE **DV** ☐ Delete
NAME **FULLER, GLEN**
STREET ADDRESS **1640 SCHOOL STREET**
CITY-ST-ZIP **MORAGA LA 94556**

TITLE **D** ☒ Delete
NAME **DIXON, ROB**
STREET ADDRESS **1640 SCHOOL STREET**
CITY-ST-ZIP **MORAGA LA 94556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/D** ☒ Change ☐ Addition
NAME **Patterson, C E**
STREET ADDRESS **1640 School Street**
CITY-ST-ZIP **Moraga CA 94556**

TITLE **DV** ☒ Change ☐ Addition
NAME **Fuller, Glen**
STREET ADDRESS **1640 School Street**
CITY-ST-ZIP **Moraga CA 94556**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Brian Rodgers**
STREET ADDRESS **1640 School Street**
CITY-ST-ZIP **Moraga CA 94556**

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

TITLE ☐ Change ☐ 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

905-631-9100

Daytime Phone #

CR2E034 (9/01)