

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 048 ***150.00

DOCUMENT # H11578

1. Entity Name
CROSS CITY MARINE, INC.



Principal Place of Business
U.S. 19 NORTH
P.O. BOX 1590
CROSS CITY FL 32628

Mailing Address
U.S. 19 NORTH
P.O. BOX 1590
CROSS CITY FL 32628

30020700



2. Principal Place of Business
U.S. 19 N.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1590
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CROSS CITY FL
Zip
32628

City & State
CROSS CITY FL
Zip
32628

4. FEI Number **59-2308524**
Applied For
☐ Not Applicable

Country
DIXIE

Country
DIXIE

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

6. Name and Address of Current Registered Agent

MIDDLETON, BILLY A.
17190 NW 83RD CT
TRENTON FL 32693

7. Name and Address of New Registered Agent
Name **BILLY A. MIDDLETON**
Street Address (P.O. Box Number is Not Acceptable)
17190 N.W. 83RD CT
City **TRENTON** FL Zip Code **32693**

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 **NO CHANGE B. Middleton** DATE **2/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
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 MIDDLETON, B.A. 17190 NW 83RD CT. TRENTON FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S MIDDLETON, VIRGINIA 17190 NW 83RD CT TRENTON FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **S. B. Middleton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/9/03** Daytime Phone # **PRES**
352-498-3336

CR2E034 (10/02)