

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90132 001 ***400.00
 09-08-2002 90132 002 ***150.00

DOCUMENT # J40445

1. Entity Name
CROSBY LAKE ESTATES, INC.

Principal Place of Business

1 INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202
US

Mailing Address

POST OFFICE BOX 59
JACKSONVILLE FL 32201
US

2. Principal Place of Business

50 N. LAURA ST.

Suite, Apt. #, etc.
SUITE 3300

City & State
JACKSONVILLE FL

Zip
32202

Country
DUVAL

3. Mailing Address

50 N. LAURA ST

Suite, Apt. #, etc.
SUITE 3300

City & State
JACKSONVILLE FL

Zip
32202

Country
DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1427243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO. % SHARON R. HENDERSON
50 N LAURA ST.
SUITE 3300
JACKSONVILLE FL 32202

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 **PSD** ☐ Delete
NAME **DESALVO, JOHN A**
STREET ADDRESS **1229 SKYLINE DRIVE**
CITY-ST-ZIP **LAGUNA BEACH CA 92651**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

X John A. De Salvo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

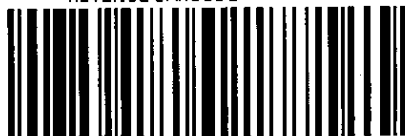
Daytime Phone #

CR2E034 (9/01)

From: SHARON R. HENDERSON (904)798-3221

MCGUIREWOODS LLP
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL, 32202

REVENUE BARCODE



FedEx.

To: Division of Corporations (904)798-3221

409 E. Gaines Street

Tallahassee, FL, 32399

Ref: 2032453-0001

SHIP DATE: 05SEP02
WEIGHT: 1 LBS

DELIVERY ADDRESS BARCODE (FEDEX-EDR)

TRK # 7921 0100 4873

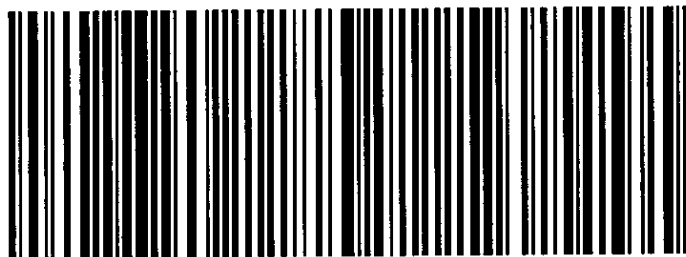
FedEx STANDARD OVERNIGHT

FRI

AA

Deliver by:
06SEP02

32399-FL-US

TLH
XB TLHA

Shipping Label

Schedule Courier

Find a Dropoff Location

Shipping History

Shipment Complete

Cancel Shipment

Edit Shipment Information

1. Use the "Print" feature from your browser to send this page to your laser printer.
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