# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10885

1. Entity Name
Crossroads Trucking Company

FILED
00 SEP -5 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 190 W Spanish River Blvd 202 Boca Raton FL 33431 | 190 W Spanish River Blvd 202 Boca Raton FL 33431 |

DO NOT WRITE IN THIS SPACE 09-00

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9600 W Sample Rd | 9600 W Sample Rd |
| Suite, Apt. #, etc: 304 | Suite, Apt. #, etc: 304 |
| City & State: Coral Springs FL | City & State: Coral Springs FL |
| Zip: 33065 Country: USA | Zip: 33065 Country: USA |

4. FEI Number: 65 0147580 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

Jeff Anstis
190 W Spanish River Blvd 202
Boca Raton FL 33431

7. Name and Address of New Registered Agent

Name: Jeff Anstis
Street Address (P.O. Box Number is Not Acceptable): 9600 W Sample Rd 304
City: Coral Springs FL Zip Code: 33065

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] 4/25/00
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 NUMBER NOT IS ASSIGNED
After MAY 1, 2000, Fee will be added to
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>Robert J Burgess<br>660 Glendalough Ct<br>Alpharetta GA 30201 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>CLARA Monica B. Burgess<br>660 Glendalough Ct<br>Alpharetta GA [redacted] 30004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>VSD<br>CLARA Monica Burgess<br>660 Glendalough Ct<br>Alpharetta GA [redacted] 30004 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600003389626---1<br>-03/12/00--01038--001<br>****150.00 ****150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600003389626---1<br>-03/12/00--01038--002<br>****150.00 ****150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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] Clara Monica Burgess 4-27-00 (770) 569-7734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vice - President.