

**DOCUMENT # K10885**

1. Entity Name  
**Crossroads Trucking Company**

Principal Place of Business  
**190 W Spanish River Blvd  
202  
Boca Raton FL 33431**

Mailing Address  
**190 W Spanish River Blvd  
202  
Boca Raton FL 33431**

2. Principal Place of Business  
**9600 W Sample Rd  
304  
Coral Springs FL  
33065 USA**

3. Mailing Address  
**9600 W Sample Rd  
304  
Coral Springs FL  
33065 USA**

FILED

00 SEP -5 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

09-00

4. FFI Number  
**65 8147580**

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

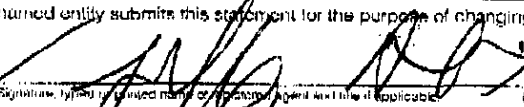
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Jeff Anstis**  
Street Address (P.O. Box Number is Not Acceptable)  
**9600 W Sample Rd 304**  
City **Coral Springs** FL **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  DATE **4/25/00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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<br><b>PTD</b>   | NAME<br><b>Robert J. Burgess</b> | STREET ADDRESS<br><b>660 Glen dalough Ct</b> | CITY-STATE-ZIP<br><b>Alpharetta GA 30201</b> | <input type="checkbox"/> Delete |
| TITLE<br><b>CLARA</b> | NAME<br><b>Monica E. Burgess</b> | STREET ADDRESS<br><b>660 Glen dalough Ct</b> | CITY-STATE-ZIP<br><b>Alpharetta GA 30004</b> | <input type="checkbox"/> Delete |
| TITLE                 | NAME                             | STREET ADDRESS                               | CITY-STATE-ZIP                               | <input type="checkbox"/> Delete |
| TITLE                 | NAME                             | STREET ADDRESS                               | CITY-STATE-ZIP                               | <input type="checkbox"/> Delete |
| TITLE                 | NAME                             | STREET ADDRESS                               | CITY-STATE-ZIP                               | <input type="checkbox"/> Delete |

|       |      |                |                |                                                                   |
|-------|------|----------------|----------------|-------------------------------------------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4-27-00** (770) 569-7734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vice-President**