FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90167 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10885

1. Entity Name
CROSSROADS TRUCKING COMPANY

Principal Place of Business
9600 W. SAMPLE RD., #304
CORAL SPRINGS, FL 33065

Mailing Address
9600 W. SAMPLE RD., #304
CORAL SPRINGS, FL 33065

2. Principal Place of Business
C/O PBS
Suite, Apt. #, etc.
110 E Atlantic Ave 235
City & State
Delray Beach FL
Zip 33444 Country USA

3. Mailing Address
C/o PBS
Suite, Apt. #, etc.
110 E Atlantic Ave 235
City & State
Delray Beach FL
Zip 33444 Country USA

☐ CHECK HERE IF MAKING CHANGES

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
ANSTIS, JEFF
9600 W. SAMPLE RD., #304
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name Jeff Anstis
Street Address (P.O. Box Number is Not Acceptable)
110 E Atlantic Ave
City Delray Beach FL Zip Code 33444

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	BURGESS, ROBERT Y	
STREET ADDRESS	660 GLENDALOUGH CT	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	VSD	☐ Delete
NAME	BURGESS, CLARA MONICA	
STREET ADDRESS	660 GLENDALOUGH CT	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Clara Monica Burgess 3-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(561) 819-0990

CR2E034 (1/03)