

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90029 017 ***150.00

DOCUMENT # L66442

1. Entity Name
CROSSTIES OF OCALA, INC.

Principal Place of Business
2210 S.E. 17TH ST.
STE. 300
OCALA FL 34471
US

Mailing Address
PO BOX 6315
OCALA FL 34478
US

2. Principal Place of Business
1305 SE Ft. King St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number
59-3010042

Applied For
 Not Applicable

Zip
34471

Country
Marion U.S.

Zip

Country

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

CLARK, DAVID
2210 S.E. 17TH STREET, STE. 300
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

1305 SE Ft. King St.

City

Ocala,

FL

Zip Code
34471

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

DAVID CLARK

PRESIDENT

4/15/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
CLARK, DAVID
PO BOX 6315
OCALA FL 34478

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
CLARK, SHARON
PO BOX 6315
OCALA FL 34478

☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

David Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

352-351-5088

Date

Daytime Phone #

CP2E034 (9/01)