

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90069 046 ***150.00

DOCUMENT # M67631

1. Entity Name

CROSS ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

PO BOX 229
CRYSTAL SPRINGS FL 33524
US

Mailing Address

PO BOX 229
CRYSTAL SPRINGS FL 33524
US

2. Principal Place of Business

PO Box 1299

3. Mailing Address

PO Box 1299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal Springs, FL

City & State

Crystal Springs, FL

Zip

33524

Country

US

Zip

33524

Country

US

4. FEI Number

59-2866646

Applied For

Not Applicable

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

MC KNIGHT, TERRY D
39646 FIG AVE
CRYSTAL SPRINGS FL 33524

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, 2001 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 PD
NAME BISTON, CLYDE A.
STREET ADDRESS 39200 BAY AVE
CITY-ST-ZIP CRYSTAL SPRINGS FL ☐ Delete

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

TITLE ST
NAME MCKNIGHT, TERRY
STREET ADDRESS 36210 ST JOE RD
CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE STV
NAME msknight, Terry
STREET ADDRESS 36210 ST JOE RD
CITY-ST-ZIP Dade city FL 33525 ☒ Change ☐ Addition

TITLE V
NAME GRAISBERY, MICHAEL C.
STREET ADDRESS 1014 RIDGEFIELD DRIVE
CITY-ST-ZIP VALRICO FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01

813 783-1688

CR2E034 (10/00)