FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # M95670 1. Entity Name CROSSROAD PROPERTIES, INC. 04-28-2001 90061 007 \*\*\*150.00 Principal Place of Business Mailing Address AA FIRE EQUIPMENT CO. AA FIRE EQUIPMENT CO. 532 COLORADO AVE. 532 COLORADO AVE. STUART FL 34994 STUART FL 34994 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0076327 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORSE, DOUGLAS J. 902 NW SUNSET TERRACE STUART FL 34994 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 FILE NOW!U FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITLE Delete TITLE NAME NAME MORSE, DOROTHY SUE STREET ADDRESS STREET ADDRESS 532 COLORADO AVE 902 NW SUNSET TERRACE CITY-ST-ZIP CITY-ST-ZIP STUART\_FL A Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MORSE, DOUGLAS J. STREET ADDRESS 532 COLORADO STREET ADDRESS 902 NW SUNSET TERRACE CITY-ST-ZIP CITY-ST-7IP STUART FL Addition TITLE ☐ Delete TITLE NAME BREDENKAMP, JOHN HENRY NAME STREET ADDRESS STREET ADDRESS 902 NW SUNSET TERRACE CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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