

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90089 027 ***150.00

DOCUMENT # **M95670**

1. Entity Name

CROSSROAD PROPERTIES, INC.

Principal Place of Business

~~AA FIRE EQUIPMENT CO.~~ **CROSSROAD PROPERTIES, INC.**
532 COLORADO AVE.
STUART FL 34994
US

Mailing Address

~~AA FIRE EQUIPMENT CO.~~ **CROSSROAD PROPERTIES, INC.**
532 COLORADO AVE.
STUART FL 34994
US

2. Principal Place of Business

25360 FIRST STREET
 Suite, Apt. #, etc.

3. Mailing Address

25360 FIRST STREET
 Suite, Apt. #, etc.

City & State

SUMMERLAND KEY, FL

City & State

SUMMERLAND KEY, FL

Zip

33042

Country

USA

Zip

33042

Country

USA

4. FEI Number

65-0076327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORSE, DOUGLAS J.
532 COLORADO AVE
STUART FL 34994

7. Name and Address of New Registered Agent

Name **MORSE, DOUGLAS J.**
 Street Address (P.O. Box Number is Not Acceptable) **25360 FIRST STREET**
 City **SUMMERLAND KEY** **FL** Zip Code **33042**

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 **DOUGLAS J. MORSE**
 Signature, typed or printed name of registered agent and title if applicable.

Douglas Morse
 (NOTE: Registered Agent signature required when reinstating)

2/19/02
 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, 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

TITLE	VS	<input type="checkbox"/> Delete
NAME	MORSE, DOROTHY SUE	
STREET ADDRESS	532 COLORADO AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORSE, DOUGLAS J.	
STREET ADDRESS	532 COLORADO AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREDENKAMP, JOHN HENRY	
STREET ADDRESS	532 COLORADO AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, DOROTHY SUE	
STREET ADDRESS	25360 FIRST ST	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, DOUGLAS J.	
STREET ADDRESS	25360 FIRST ST	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDENKAMP, JOHN HENRY	
STREET ADDRESS	25360 FIRST ST	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Douglas Morse (DOUGLAS J. MORSE)** **2/19/02** **305-745-8530**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

0567492 AV

CR2E034 (9/01)