## 2002 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

## DOCUMENT # N00000006079

1. Entity Name

Suite, Apt. #, etc.

City & State

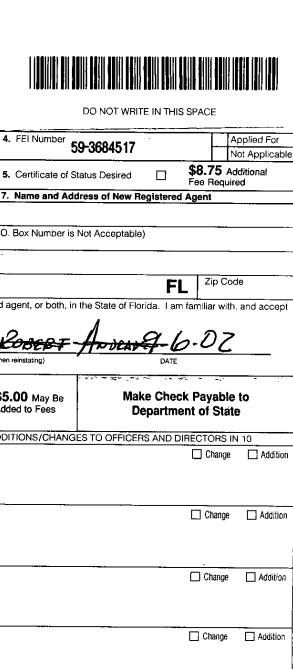
Zip

## CROSSOVER FOR WOMEN INTERNATIONAL, INCORPORATED

Principal Place of Business Mailing Address 845 SUNRIDGE POINT PO BOX 172913 SEFFNER FL 33584-5905 **TAMPA FI 33672** 2. Principal Place of Business 3. Mailing Address

## FILED Sep 11, 2002 8:00 am Secretary of State

09-11-2002 90102 010 \*\*\*\*61.25



Country Zip Country Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDRADE, ROBERT 10105 CEDAR DUNE DRIVE TAMPA FL 33624 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 المراجع والمراجع المحادات After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE NAME ANDRADE, ROBERT NAME STREET ADDRESS 10105 CEDAR DUNE DR. STREET ADDRESS CITY-ST-7IP **TAMPA FL 33624** CITY-ST-7IP DST-☐ Delete TITLE ANDRADE, ALICIA M NAME STREET ADDRESS 10105 CEDAR DUNE DR. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE **OLIVER, ANTHONY** NAME NAME STREET ADDRESS 4020 50TH AVE. N. STREET ADDRESS CITY-ST-7IF SAINT PETERSBURG FL 33714 CITY-ST-ZIP TITLE D'Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eport 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment vith an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE: