

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90015 030 ****61.25

DOCUMENT # N38696

1. Entity Name

CROSSOVER INTERNATIONAL, INC.



Principal Place of Business

1715 E FOWLER AVE
 STE #178
 TAMPA FL 33612

Mailing Address

1715 E FOWLER AVE
 STE #178
 TAMPA FL 33612

2. Principal Place of Business

24011 STARLING CIR.
 Suite, Apt. #, etc.

3. Mailing Address

24011 STARLING CIR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAND-O-LAKES FL

City & State

LAND-O-LAKES FL

4. FEI Number

59-3019778

Applied For

Not Applicable

Zip

34639

Country

PASCO

Zip

34639

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCUTCHEN, JOE D.
 1715 E FOWLER AVE
 STE #178
 TAMPA FL 33612

ADDRESS
 CHANGE

7. Name and Address of New Registered Agent

Name

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

24011 STARLING CIR

City

LAND-O-LAKES

FL

Zip Code

34639

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

Joe D McCutchen

9-07-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME MCCUTCHEN, JOE D.
 STREET ADDRESS 1715 E FOWLER AVE STE 178
 CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE VD
 NAME MAYO IV, JAMES
 STREET ADDRESS 110 STONE CREEK DR
 CITY-ST-ZIP COVINGTON GA ☐ Delete

TITLE STD
 NAME MCCUTCHEN, JUDY
 STREET ADDRESS 1715 E FOWLER AVE STE 178
 CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE D
 NAME JENKINS, JONATHON
 STREET ADDRESS 175 AUTUMN LEAF RD
 CITY-ST-ZIP TROUTMAN NC 28166 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

SIGNATURE:

JOE D MCCUTCHEN

9-07-01

CR2E037 (5/01)