2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006815

1. Entity Name

CROSS PURPOSES INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90011 031 #6125

Principal Place of Business	Mailing Address
429 GREENBRIAR DRIVE LAKE PARK, FL 33403	429 GREENBRIAR DRIVE LAKE PARK FL 33403-2620

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813440 — 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
COOK, JUDITH S 429 GREENBRIAR DRIVE LAKE PARK FL 33403	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

FILE NOW: FEE IS $61.25	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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME COOK, STEVEN E STREET ADDRESS 429 GREENBRIAR DRIVE CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE SD NAME COOK, JUDITH S. STREET ADDRESS 429 GREENBRIAR DRIVE CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME COOK, ROBIN K STREET ADDRESS 1403 S. 2ND ST- CARRIAGE HOUSE CITY-ST-ZIP LOUISEVILLE KY 40208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Louisville ☑ Change ☐ Addition
TITLE D NAME COOK, TODD S STREET ADDRESS 1229- S. 4 ST #9 CITY-ST-ZIP LOUISVILLE KY 40203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ~~4020~~ ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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: Judith S. Cook REQUIRED Judith S. Cook 2/14/00 561-842-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #