

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006815

1. Entity Name

CROSS PURPOSES INC.

Principal Place of Business

429 GREENBRIAR DRIVE
LAKE PARK FL 33403

Mailing Address

429 GREENBRIAR DRIVE
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

TITLE SD
NAME COOK, JUDITH S
STREET ADDRESS 429 GREENBRIAR DRIVE
CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete

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

TITLE D
NAME COOK, ROBIN K
STREET ADDRESS 1403 S. 2ND ST- CARRIAGE HOUSE
CITY-ST-ZIP LOUISVILLE KY 40208 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS - 1530 Arcade Ave.
CITY-ST-ZIP - Louisville, KY 40215

TITLE D
NAME COOK, TODD S
STREET ADDRESS 1229 S. 4 ST #9
CITY-ST-ZIP LOUISVILLE KY 40203 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Judith S. Cook* Judith S. Cook 4-28-01 842-0104

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90160 003 ****61.25

00051748



DO NOT WRITE IN THIS SPACE

0049184

CR2E037 (10/00)