

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000044708**1. Entity Name  
MCCROSSIN INDUSTRIES, INC.

## Principal Place of Business

UNIT 20,21  
3825 N. U.S. 1  
COCOA  
32922

FL

## Mailing Address

UNIT 20,21  
3825 N. U.S. 1  
COCOA  
32922

FL

2. Principal Place of Business  
UNIT 20,213. Mailing Address  
UNIT 20,21Suite, Apt. #, etc.  
3815 N. U.S. 1Suite, Apt. #, etc.  
3815 N. U.S. 1

DO NOT WRITE IN THIS SPACE

City & State  
COCOA

FL

City & State  
COCOA

FL

4. FEI Number  
**59-3648591**

Applied For

Not Applicable

Zip  
32922

Country

Zip  
32922

Country

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MCCROSSIN STEVEN L. A  
3815 N. U.S. 1COCOA FL  
32922 US

## 7. Name and Address of New Registered Agent

Name  
MCCROSSIN STEVEN L. LStreet Address (P.O. Box Number is Not Acceptable)  
3815 N. U.S. 1City  
COCOA FL Zip Code  
32922

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 **STEVEN L MC CROSSIN****04/19/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 D ☐ Delete  
NAME MCCROSSIN STEVEN L  
STREET ADDRESS 565 VENETIAN WAY  
CITY-ST-ZIP MERRITT ISLAND FL 32953TITLE D ☒ Delete  
NAME BITTER SCOTT A  
STREET ADDRESS 4845 N. COURTENAY PKWY  
CITY-ST-ZIP MERRITT ISLAND FL 32953TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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: **Steven L Mc Crossin**

D

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)