

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065162

1. Entity Name

CROSSROADS WIRELESS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90302 011 ***150.00

Principal Place of Business

1875 SE ST. LUCIE BLVD.
STUART FL 34996

Mailing Address

P.O. BOX 1818
JENSEN BEACH FL 34958

2. Principal Place of Business

1875 SE ST LUCIE BLVD
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1818
Suite, Apt. #, etc.

City & State

Stuart, FL 34

City & State

Jensen Beach FL

Zip 34996

Country USA

Zip 34958

Country USA

4. FEI Number

65-1031525

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JOHN J
828 NE MARANTA TERR.
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

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

John J Hall
Signature, typed or printed name of registered agent and title if applicable

John J Hall

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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 PD
NAME HALL, JOHN J
STREET ADDRESS 828 NE MARANTA TERR.
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE VD
NAME CASBAR, KATHLEEN E
STREET ADDRESS 828 NE MARANTA TERR.
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Kathleen E Casbar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

CR2E034 (10/00)