FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Jul 31, 2001 8:00 am DOCUMENT # P00000071151 **Secretary of State** 1. Entity Name CROSSBREED, INC. 07-31-2001 90002 003 ***550.00 Principal Place of Business Mailing Address 2287 MANOR BOULEVARD NORTH 2287 MANOR BOULEVARD NORTH CLEARWATER FL 33765 CLEARWATER FL 33765 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3721298 Not Applicable \$8.75 Additional 7in Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name HERSEM, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 1421 COURT STREET, SUITE B **CLEARWATER FL 33756** Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Change ☐ Delete TITLE TITLE NEMZÉK, CHRISTOPHER NAME NAME STREET ADDRESS 2287 MANOR BLVD. N. STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE RIETZ, JAMES NAME NAME STREET ADDRESS 2287 MANOR BLVD. N. STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-7IP Change ~ Addition - ☐ Delete → * -TITLE SIMPKINS, TRAVIS NAME NAME 2287 MANOR BLVD. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Change ☐ Addition ☐ Defete TITLE TITLE PARKER, CHARLES II NAME NAME STREET ADDRESS 2287 MANOR BLVD. N. STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33765** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MARQUARDT, PHILIP NAME NAME STREET ADDRESS 2287 MANOR BLVD. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 Change Addition TITLE .. ☐ Delete TITLE IZZO, DAN NAME 2287 MANOR BLVD. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 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.