

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085725

1. Entity Name

CROSS TRUCKING, DEMOLITION, EXCAVATING AND LAND

Principal Place of Business

Mailing Address

9378 ARLINGTON EXPRESS, #320
JACKSONVILLE FL 32225

9378 ARLINGTON EXPRESS, #320
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

1724 Astor Hall Drive East

9378 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 320

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3569237

Applied For

Not Applicable

Zip

32246

Country

Duval

Zip

32225

Country

Duval

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

CROSS, OLIVER

9378 ARLINGTON EXPRESS, #320
JACKSONVILLE FL 32225

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CROSS, OLIVER
9378 ARLINGTON EXPRESS, #320
JACKSONVILLE FL 32225 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
CROSS, GWENDOLYN J
9378 ARLINGTON EXPRESS, #320
JACKSONVILLE FL 32225 ☐ Delete

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

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☐ 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: *Gwendolyn Cross* GWENDOLYN CROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

904-620-8931

Date

Daytime Phone #

001912

01-16-2001 90098 040 ***150.00
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FILED

01 FEB -2 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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