

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90738 029 \*\*\*150.00

**DOCUMENT #** P000000093347

**1. Entity Name**  
Cross Country, Inc.  
851 LaSalle St.  
Jacksonville, Florida 32207

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>851 LaSalle St.</u> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <u>851 LaSalle St.</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Jacksonville, Fl.</u>		<b>City &amp; State</b> <u>Jacksonville, Fl.</u>	
<b>Zip</b> <u>32207</u>	<b>Country</b> <u>Duca</u>	<b>Zip</b> <u>32207</u>	<b>Country</b> <u>Duca</u>

**80062004**

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<b>4. FEI Number</b> <u>59-3674110</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**7. Name and Address of Current Registered Agent:**

**Name** Cheryl Welch (Cheryl Brooks)

**Street Address (P.O. Box Number is Not Acceptable)**  
851 LaSalle St.

**City** Jacksonville **FL** **Zip Code** 32207

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**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** Cheryl Brooks Cheryl Brooks 4-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <u>Director</u>	<b>NAME</b> <u>Robert Welch</u>	<b>TITLE</b>	
<b>STREET ADDRESS</b> <u>851 LaSalle St.</u>	<b>STREET ADDRESS</b> <u>851 LaSalle St.</u>	<b>NAME</b>	
<b>CITY - ST - ZIP</b> <u>Jacksonville, Fl. 32207</u>	<b>CITY - ST - ZIP</b> <u>Jacksonville, Fl. 32207</u>	<b>STREET ADDRESS</b>	
<b>TITLE</b> <u>Director</u>	<b>NAME</b> <u>Cheryl Brooks</u>	<b>TITLE</b>	
<b>STREET ADDRESS</b> <u>851 LaSalle St.</u>	<b>STREET ADDRESS</b> <u>851 LaSalle St.</u>	<b>NAME</b>	
<b>CITY - ST - ZIP</b> <u>Jacksonville, Fl. 32207</u>	<b>CITY - ST - ZIP</b> <u>Jacksonville, Fl. 32207</u>	<b>STREET ADDRESS</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Cheryl Brooks 4-1-02 904-398-0158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)