

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90299 028 ***150.00

DOCUMENT # P00000093347

1. Entity Name
CROSSCOUNTRY, INC.



Principal Place of Business
851 LASALLE STREET
JACKSONVILLE FL 32207
US

Mailing Address
851 LASALLE STREET
JACKSONVILLE FL 32207
US

2. Principal Place of Business

104 Coastal Oak Circle

Suite, Apt. #, etc.

3. Mailing Address

104 Coastal Oak Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

City & State

Ponte Vedra Beach FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-3674110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, CHERYL
851 LASALLE ST
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

M. Dianne Misiak, Esq.

Street Address (P.O. Box Number is Not Acceptable)

104 Coastal Oak Circle

City

Ponte Vedra Beach

FL

Zip Code

32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. Dianne Misiak

4-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WELCH, ROBERT**
STREET ADDRESS **851 LASALLE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
NAME **BROOKS, CHERYL**
STREET ADDRESS **851 LASALLE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Welch, Robert**
STREET ADDRESS **104 Coastal Oak Circle**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Welch **4-17-2003** **904-273-3958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)