

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 049 ***150.00

DOCUMENT # PD1000015838 ✓ *no n/c*
1. Entity Name
Cross Construction Inc. (KM)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>312 Suzanne Dr</i>		3. Mailing Address <i>312 Suzanne Dr</i>	
Suite, Apt. #, etc. <i>0</i>		Suite, Apt. #, etc. <i>-</i>	
City & State <i>Jax FL</i>		City & State <i>Jax FL</i>	
Zip <i>32218</i>	Country <i>Duval</i>	Zip <i>32218</i>	Country <i>Duval</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3698030</i> 000000000000	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>William Gaskins</i>	
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 *William B Gaskins Jr*
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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <i>President / Treasurer</i> <i>William B Gaskins Jr</i> <i>312 Suzanne Dr</i> <i>Jax FL 32218</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vice President / Secretary</i> <i>Mariah Gaskins</i> <i>312 Suzanne Dr</i> <i>Jax FL 32218</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

William B Gaskins Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-02 (904) 696-0060

CR2E034B (12/01)