2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P93000056510

1. Entity Name

SIGNATURE:

CROSSROADS ENTERPRISES, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90194 026 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP AVALIANTE, JUATREN F. 9240 NOROAD JACKSONVILLE FL CITY-ST-ZIP VALIANTE, FRANCES L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							1						
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Secretary Secr	Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
Size Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Address of New Registered Agent 7. Name and Address of New Registered Agent Name Size Address of New Registered Agent Name Size Address of New Registered Agent Name Size Address of New Registered Agent City FL Zip Code 8. The above named entity submits this stigment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the chalged registered agent, or both, in the State of Florida. I am familiar with, and accept the florida. I am familiar agent	City & State			City & State		4. FEI Number 59-3203534							
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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 Finda. I am familiar with, and accept the obligaters of registered agent. Control Cont													
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