

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036746

1. Entity Name

CROSS PROFESSIONAL SERVICES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90090 044 ***150.00

Principal Place of Business

Mailing Address

319 CRABTREE AVE.
ORLANDO FL 32835
US

319 CRABTREE AVENUE
ORLANDO FL 34771-9275

2. Principal Place of Business

5601 Leon Tyson Rd.

3. Mailing Address

5601 Leon Tyson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

59-3245800

Applied For

Not Applicable

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSS, PATRICIA
319 CRABTREE AVENUE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Patricia Cross Keesee

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

5601 Leon Tyson Rd.

City

St. Cloud

FL

Zip Code
34771

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, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CROSS, PATRICIA L	
STREET ADDRESS	319 CRABTREE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Cross Keesee	
STREET ADDRESS	5601 Leon Tyson Road	
CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99