

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90908 002 ***150.00

DOCUMENT # P95000054336

1. Entity Name

Cross Bay, Inc.

Principal Place of Business

Mailing Address

5600 TAMAMI TRAIL

00052333

2. Principal Place of Business

3. Mailing Address

5600 TAMAMI TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #12

City & State

City & State

NAPLES FL

Zip

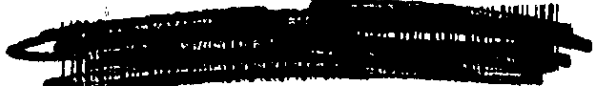
Country

Zip

Country

34108

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0593572

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

STEPHEN POPPER

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

5600 TAMAMI TRAIL

SUITE 12

City

FL

Zip Code 34108

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

4/25/00

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 2e Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☐ Delete
NAME	STEPHEN POPPER	
STREET ADDRESS	5600 TAMAMI TRAIL #12	
CITY-STATE-ZIP	NAPLES FL 34108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and 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 registered or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or 5 only. 12/

4/25/00

94 597-4151