

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010491

1. Entity Name

CROSS COUNTRY TAX SERVICE INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90035 035 \*\*\*150.00

Principal Place of Business

Mailing Address

22341 SW 66 AVENUE  
#1202  
BOCA RATON FL 33428

22341 SW 66 AVENUE  
#1202  
BOCA RATON FL 33496-1788

2. Principal Place of Business

3. Mailing Address

9443 D Boca Gardens Pkwy  
Suite, Apt. #, etc.

9443 D Boca Gardens Pkwy  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL  
Zip 33496 Country P.B.

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Boca Raton FL  
Zip 33496 Country P.B.

4. FEI Number

65-0790609

Applied For

Not Applicable

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

KELLY, PATRICIA  
22341 S.W. 66 AVENUE #1202  
BOCA RATON FL 33428

Name Patricia Kelly  
Street Address (P.O. Box Number is Not Acceptable)  
9443 D. Boca Gardens Parkway  
City Boca Raton FL Zip Code 33496

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 Patricia Kelly

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/00

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KELLY, PATRICIA	
STREET ADDRESS	22341 SW 66TH AVENUE #1202	
CITY-ST-ZIP	BOCA RATON FL 33428	
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		<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)(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 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 #

2/8/00 561-488-4455

CR2E034 (9/99)