

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000010491**

1. Entity Name

Cross Country Tax Service, Inc**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90117 016 ***150.00

Principal Place of Business

Mailing Address

9443 D Boca Gardens Parkway
Boca Raton, FL 33496**C0053034**

2. Principal Place of Business

3. Mailing Address

9443 Boca Garden Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

DO NOT WRITE IN THIS SPACE

City & State

City & State

Boca Raton FL

4. FEI Number

Applied For

65-0790609

Not Applicable

Zip

Country

Zip

Country

334965. 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

Patricia Kelly
9443 D Boca Gardens Pkwy
Boca Raton, FL 33496

Name

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

Patricia Kelly

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PS Patricia Kelly ☐ Delete
9443 D Boca Gardens Pkwy
Boca Raton, FL 33496TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
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STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition

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:

Patricia Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)