

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90386 009 \*\*\*150.00

**DOCUMENT # P98000037296**

1. Entity Name

**STRATEGIC CROSSING CORPORATION**

Principal Place of Business

**17 WEST CEDAR STREET  
SUITE 3  
PENSACOLA FL 32501**

Mailing Address

**PO BOX 12725  
PENSACOLA FL 32501****959842**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3507139**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOOKMAN, ALAN B  
30 SOUTH SPRING STREET  
PENSACOLA FL 32501**

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

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 State**10. 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

| TITLE                           | NAME     | STREET ADDRESS              | CITY-ST-ZIP                                                 | TITLE                                                                        | NAME                   | STREET ADDRESS                                        | CITY-ST-ZIP |
|---------------------------------|----------|-----------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|-------------|
| <input type="checkbox"/> Delete | <b>D</b> | <b>SPENCER, BRIAN K</b>     | <b>17 E. MAIN ST, SUITE 100<br/>PENSACOLA FL 32501</b>      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                        |                                                       |             |
| <input type="checkbox"/> Delete | <b>D</b> | <b>NASH, NEAL B</b>         | <b>6565 NORTH W STREET SUITE 260<br/>PENSACOLA FL 32505</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                        |                                                       |             |
| <input type="checkbox"/> Delete | <b>D</b> | <b>CARR, JOHN S</b>         | <b>17 W CEDAR STREET SUITE 3<br/>PENSACOLA FL 32501</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                        |                                                       |             |
| <input type="checkbox"/> Delete | <b>D</b> | <b>NICKELSON, ERIC J</b>    | <b>3410 NORTH 18TH AVENUE<br/>PENSACOLA FL 32503</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>Nickelsen, Eric</b> | <b>3410 North 18th Avenue<br/>Pensacola, FL 32503</b> |             |
| <input type="checkbox"/> Delete | <b>D</b> | <b>CHADBOURNE, EDWARD M</b> | <b>17 WEST CEDAR STREET SUITE 3<br/>PENSACOLA FL 32501</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                        |                                                       |             |
| <input type="checkbox"/> Delete |          |                             |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John S. Carr****4/18/01**

Date

**(850)434-2244**

Daytime Phone #

CR2E034 (10/00)