

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90018 042 ***150.00

DOCUMENT # P98000037698

1. Entity Name
CROSSBOW VENTURES, INC.

Principal Place of Business

515 FLAGLER DRIVE
 SUITE 1200
 W PALM BEACH FL 33401
 US

Mailing Address

515 FLAGLER DRIVE
 SUITE 1200
 W PALM BEACH FL 33401
 US

00023203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 N. Clematis Street

3. Mailing Address

1 N. Clematis Street

Suite, Apt. #, etc.

Suite 510

Suite, Apt. #, etc.

Suite 510

City & State

W. Palm Beach FL

City & State

W. Palm Beach FL

4. FEI Number **65-0834042**

Applied For

Not Applicable

Zip **33401**

Country **US**

Zip **33401**

Country **US**

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD.
STE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	WARNER, STEPHEN J	
STREET ADDRESS	515 FLAGLER DRIVE, SUITE 1200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EICHENBERGER, RENE P	
STREET ADDRESS	515 FLAGLER DRIVE, SUITE 1200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDA, GRATIAN	
STREET ADDRESS	BLEICHERWEG 18	
CITY-ST-ZIP	CH-8002 ZURICH SWITZERLAND	
TITLE	V	<input type="checkbox"/> Delete
NAME	POWELL, H. HICKMAN	
STREET ADDRESS	515 FLAGLER DRIVE, SUITE 1200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHEWMAKER, BRUCE	
STREET ADDRESS	515 FLAGLER DRIVE, SUITE 1200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DONOHUE, DENNIS	
STREET ADDRESS	515 FLAGLER DRIVE, SUITE 1200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 N. Clematis Street, Suite 510
CITY-ST-ZIP	W. Palm Beach FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 N. Clematis Street, Suite 510
CITY-ST-ZIP	W. Palm Beach FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 N. Clematis Street, Suite 510
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 N. Clematis Street, Suite 510
CITY-ST-ZIP	W. Palm Beach, FL 33401
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)