

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046993

1. Entity Name

CROSSROADS PROPOSAL MASTERS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90410 050 ***150.00

Principal Place of Business

300 SANDIRON CIRCLE
SUITE 328
PONTE VEDRA BCH FL 21401

Mailing Address

300 SANDIRON CIRCLE
SUITE 328
PONTE VEDRA BCH FL 32082-3005

2. Principal Place of Business

6034 BRIDGEWATER CIRCLE

3. Mailing Address

6034 BRIDGEWATER CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number

59-3533410

Applied For

Not Applicable

Zip

Country

32082-3005

Zip

Country

32082-3005

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

LEMIRE, TONI L
300 SANDIRON CIRCLE SUITE 328
PONTE VEDRA BCH FL 32301-2525

Name

LEMIRE, TONI L.

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

6034 BRIDGEWATER CIRCLE

City

PONTE VEDRA BEACH, FL

Zip Code

32082-3005

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 TONI LEMIRE Toni Lemire Vice President 4-22-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PT
STREET ADDRESS LEMIRE, EDMUND C
CITY-ST-ZIP 300 SANDIRON CIRCLE SUITE 328
PONTE VEDRA BCH FL 32082

TITLE ☒ Change ☐ Addition
NAME PT
STREET ADDRESS LEMIRE, EDMUND C.
CITY-ST-ZIP 6034 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH FL 32082-3005

TITLE ☐ Delete
NAME VS
STREET ADDRESS LEMIRE, TONI L
CITY-ST-ZIP 300 SANDIRON CIRCLE SUITE 328
PONTE VEDRA BCH FL 32082

TITLE ☒ Change ☐ Addition
NAME VS
STREET ADDRESS LEMIRE, TONI L.
CITY-ST-ZIP 6034 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH, FL 32082-3005

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: EDMUND C. LEMIRE Ed Lemire 4/22/00 904-285-4876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)