

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90227 025 ***558.75

0124854 AT

DOCUMENT # P98000047793

1. Entity Name

CROSSWAY COATINGS, INC.

Principal Place of Business

**225 OCEAN PARK
 LEHIGH ACRES FL 33936**

Mailing Address

**PO BOX 1059
 LEHIGH ACRES FL 33936**

2. Principal Place of Business

3. Mailing Address

2543 26th Ave. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hickory NC.

4. FEI Number

65-0846167

Applied For

Not Applicable

Zip

Country

Zip

Country

28601

USA

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

**WESTRICK, JEFFREY
 225 OCEAN PARK DRIVE
 PO BOX 1059
 LEHIGH ACRES FL 33972**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	P	<input type="checkbox"/> Delete
NAME	WESTRICK, JEFFREY	
STREET ADDRESS	PO BOX 1059	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WESTRICK, KATHY	
STREET ADDRESS	PO BOX 1059	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V/S/T	<input type="checkbox"/> Delete
NAME	TRAVIS A. LEFEVER	
STREET ADDRESS	2543	
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		

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	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVIS A. LEFEVER	
STREET ADDRESS	2543 26th Ave. NE	
CITY-ST-ZIP	HICKORY NC 28601	
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 REQUIRED 12/01

828-256-9558

Date

Daytime Phone #

CR2E034 (5/01)