2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am DOCUMENT # P98000069332 **Secretary of State** 1. Entity Name CROSS & STUDLEY, INC. 03-08-2001 90114 044 ***150.00 Principal Place of Business Mailing Address 3318 9TH STREET NORTH 3318 9TH STREET NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3525086 Not Applicable Zip 34266 Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOULE, JAMES G-3318 9TH STREET NORTH ST. PETERSBURG FL 33704 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete E enange TITLE TITLE PARKER, J. KENNETH CROSS, E. EMORY 1108 EARCHSIAN FLis. 34266 DVT DVT THANGE JR. STUDIEY, F. Charles PO Box 60606 FT Myers, Flm. 33. NAME NAME 800 SECOND AVENUE SOUTH #340 STREET ADDRESS STREET ADDRESS ST-PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-7iP TITLE TITLE BOULE, JAMES C NAME NAME 3318 9TH STREET NORTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP_ ☐ Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employwered.

AME OF SIGNING OFFICER OR DIRECTOR

MARCH -5-2001 1-863 494-1200