

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90206 009 ***150.00

DOCUMENT # P98000069332

1. Entity Name

CROSS & STUDLEY, INC.

Principal Place of Business

1108 E GIBSON STREET
 ARCADIA FL 34266

Mailing Address

1108 E GIBSON STREET
 ARCADIA FL 34266

2. Principal Place of Business

1362 Melaleuca Ln

Suite, Apt. #, etc.

3. Mailing Address

1362 Melaleuca Ln

Suite, Apt. #, etc.

City & State

FL Myers, FL

City & State

FL Myers, FL

Zip

33901

Country

LEE

Zip

33901

Country

LEE

4. FEI Number

59-3525086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROSS, EMORY E
1108 E GIBSON STREET
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

DONNA J DOYLE

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

1362 MELALEUCA LN

City

FL Myers

FL

Zip Code

33901

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 re-registering)

DATE

Donna J Doyle

1/23/02

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 ☐ Delete

NAME **DPS**
EMORY, CROSS E
 STREET ADDRESS **1108 E GIBSON STREET**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete

NAME **DVT**
F. CHARLES, STURDLEY JR
 STREET ADDRESS **P O BOX 60606**
 CITY-ST-ZIP **FT MYERS FL 33906**

TITLE ☐ Delete

NAME **TREASURER**
DONNA J DOYLE
 STREET ADDRESS **1362 MELALEUCA LN**
 CITY-ST-ZIP **FL Myers FL 33901**

TITLE ☐ Delete

NAME **VP**
BRADLEY ROCKWOOD
 STREET ADDRESS **1362 MELALEUCA LN**
 CITY-ST-ZIP **FL MYERS FL 33901**

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

TITLE ☐ Delete

NAME ☐ Change ☐ 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

Date

Daytime Phone #

Donna J Doyle

1/23/02

941 -
 275-7032

CR2E034 (9/01)