FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 08, 2002 8:00 am Secretary of State

CROSSPOINTE DEVELOPMENT, INC. DO NOT WRITE INSTHIS SPACE 2. Principal Place of Business 3003 TAMIAMI TRAIL N. 3003 TAMIAMI TRAIL N. Sulfa Agt 4, etc. 400 400 400 400 400 400 400 400 400 40	DOCU	JMENT # P9800007	05-08-2002 90166 045 ***150.00				
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IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) City NAPLES FL Zip Code 34103 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 privide name of registered agent and till a populable. (NOTE: Registered Agent signature required when remislating) P. This corporation is eligible to salisfy its intangible Tax fling requirement and elects to do so. (NoTE: Registered Agent signature required when remislating) DATE 9. This corporation is eligible to salisfy its intangible Tax fling requirement and elects to do so. (NoTE: Registered Agent signature required when remislating) DATE 9. This corporation is eligible to salisfy its intangible Tax fling requirement and elects to do so. (NoTE: Registered Agent signature required when remislating) DATE 1. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ON ST. P.		na na manaka mpida 2004 sa manaka 1906. Manaka mpina m	en van Kristenings (2 fan i 12 15 jakous Depart De State	Name			
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	3. I hereby ce	rtify that the information supplied with	this filing does not qualify	for the exemption stated in	Section 119 07(3)(i) Florida Statutos 15 de	cortification that	

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 cath; that I am appears in Block 11 or on an attachment with an address, with all other like empowered.

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TERRY_L. FLORA

239-261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR