

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90061 022 ***150.00

DOCUMENT # P99000013484

1. Entity Name

CROSS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

28090 DOVEWOOD CT
 #208
 BONITA SPRINGS FL 34135

PO BOX 1288
 BONITA SPRINGS FL 34133

2. Principal Place of Business

3. Mailing Address

950 LAVERS CIRCLE
 Suite, Apt. #, etc.
 F507

P.O. Box 1938
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 DELRAY BEACH, FL

City & State
 BOCA RATON, FL

4. FEI Number **65-0895402**

Applied For
 Not Applicable

Zip
 33444

Country
 PALM BEACH

Zip
 33429

Country
 PALM BEACH

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

DELEON, MARY
 28090 DOVEWOOD CT
 #208
 BONITA SPRINGS FL 34135

Name
 Street Address (P.O. Box Number is Not Acceptable)
 950 LAVERS CIRCLE
 F507
 City DELRAY BEACH FL Zip Code 33444

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 \$150.00
After MAY 1, 2001 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
 NAME PSTD
 STREET ADDRESS DE LEON, MARY
 CITY-ST-ZIP 28090 DOVEWOOD CT
 BONITA SPRINGS FL 34135 ☐ Delete

TITLE
 NAME PSTD
 STREET ADDRESS DELEON, MARY
 CITY-ST-ZIP 950 LAVERS CIRCLE
 DELRAY BEACH, FL 33444 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 #

CR2E034 (10/00)