

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90210 006 ***150.00

DOCUMENT # P99000038288

1. Entity Name

CROSSAIR RADON MITIGATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4122 RICHMERE ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA

FL

City & State

4. FEI Number

65-0918687

Applied For

Not Applicable

Zip

33617

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DENNIS A CROSBY

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

4122 RICHMERE ST

1

City

TAMPA

FL

Zip Code

33617

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dennis A Crosby

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DENNIS A CROSBY
STREET ADDRESS 4122 RICHMERE ST
CITY-ST-ZIP TAMPA FL 33617

TITLE V
NAME SANDRA J CROSBY
STREET ADDRESS 4122 RICHMERE ST
CITY-ST-ZIP TAMPA FL 33617

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis A Crosby

PRESIDENT 4-9-03 813 899 1156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)