

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040496

1. Entity Name

CROSS GENERATION COMICS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90072 010 ***150.00

Principal Place of Business

17902 SPENCER RD
ODESSA FL 33556

Mailing Address

17902 SPENCER RD
ODESSA FL 33556-4923

2. Principal Place of Business

4023 TAMPA ROAD

Suite, Apt. #, etc.

SUITE 2400

City & State

OLDSMAR, FL

Zip

34677

Country

3. Mailing Address

4023 TAMPA ROAD

Suite, Apt. #, etc.

SUITE 2400

City & State

OLDSMAR, FL

Zip

34677

Country

4. FEI Number

59-3576687

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIVYER, NEAL A
220 S FRANKLIN ST
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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 P/C/D
Mark A. Alessi
STREET ADDRESS 4023 TAMPA ROAD, STE 2400
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Delete

NAME GINA M. VILLA
STREET ADDRESS 4023 TAMPA ROAD, STE 2400
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Delete

NAME T
MICHAEL A. BEATIE
STREET ADDRESS 4023 TAMPA ROAD, STE 2400
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

Michael A. Beattie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2000

813-891-1702