

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90132 015 ***150.00

DOCUMENT # S03843

1. Entity Name

CROSSLAND INSURANCE SERVICES, INC.

Principal Place of Business

**3862 CENTRAL AVENUE
 ST. PETERSBURG FL 33711**

Mailing Address

**3862 CENTRAL AVENUE
 ST. PETERSBURG FL 33711**

2. Principal Place of Business

650 79th Ave
 Suite, Apt. #, etc.

3. Mailing Address

650 79th Ave
 Suite, Apt. #, etc.

City & State

St Pete Beach FL

City & State

St Pete Beach FL

Zip

33706

Country

USA

Zip

33706

Country

USA

4. FEI Number

59-3036193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROSE, CHERYL A
 3862 CENTRAL AVENUE
 ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name

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

650 79th Ave

City

St Pete Beach

FL

Zip Code

33706

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/01

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

TITLE **PTD** ☐ Delete
 NAME **ROSE, CHERYL A**
 STREET ADDRESS **3862 CENTRAL AVENUE**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **650 79th Ave**
 CITY-ST-ZIP **St Pete Beach FL 33706**

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Cheryl A Rose
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

363-3334
 Daytime Phone #

0362503

CR2E034 (10/00)