

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2000 8:00 am  
Secretary of State**

01-18-2000 90012 036 \*\*\*150.00

**DOCUMENT # S73105**

1. Entity Name

**CROSS AUTO TRIM, INC.***NOTE New Address*

Principal Place of Business

**11463 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US**

Mailing Address

**11463 CORTEZ BLVD  
BROOKSVILLE FL 34601-2530  
ST US***New**New**724 W. JEFFERSON ST  
Brooksville FL 34601*

2. Principal Place of Business

**724 W. JEFFERSON ST.**

Suite, Apt. #, etc.

3. Mailing Address

*Same*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Brooksville FL**

City &amp; State

4. FEI Number

**59-3076529**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**Zip  
**34601**

Country

**USA.**

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, STEPHEN  
11463 CORTEZ BLVD  
BROOKSVILLE FL 34613**

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

*Stephen Cross*

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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>CROSS, STEPHEN</b>	
STREET ADDRESS	<b>1586 NEWHOPE RD</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROSS, STEPHEN</b>	
STREET ADDRESS	<b>1586 NEWHOPE DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*Stephen Cross* **REQUIRE CR# 3182 1-7-00 352-797-0333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #