

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K60077**

1. Entity Name
I. X., INC.

FILED

03 APR -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1 SUNRISE OCEAN REEF CLUB KEY LARGO FL 33037		Mailing Address 100 ANCHOR DRIVE #74 KEY LARGO FL 33037 US	
2. Principal Place of Business		3. Mailing Address	
City, State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2928967	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**SMITH, MICHAEL K.
1 SUNRISE
OCEAN REEF CLUB
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ 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 type or printed name of registered agent, and title if applicable (R001 - Registered Agent signature required when reinstating)

9. The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
OFFICER/DIRECTOR	<input type="checkbox"/> Delete
NAME	D SMITH, MICHAEL K.
STREET ADDRESS	1 SUNRISE
CITY-STATE-ZIP	KEY LARGO FL 33037
NAME	<input type="checkbox"/> Delete
NAME	D SMITH, MARJORIE K.
STREET ADDRESS	1 SUNRISE
CITY-STATE-ZIP	KEY LARGO FL 33037
NAME	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000015770060
STREET ADDRESS	04/14/03--01003--019 **150.00
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 authority like empowered.

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **3/4/02**

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