

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90111 001 ***158.75

DOCUMENT # P34825

1. Entity Name

TOUAX CORPORATION

Principal Place of Business

**TOUR ARAGO
 5 RUE BELLINI
 PUTEAUX LA DEFENSE. FRANCE 92800
 FR**

Mailing Address

**2137 JACKSONVILLE ST
 FORT MYERS FL 33916-4852**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

801 DOUGLAS AVE

Suite 207

Altamonte Springs, FL

32714

USA

4. FEI Number

22-2384710

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, TOM
 2137 JACKSONVILLE ST
 FORT MYERS FL 33916**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PC	WALEWSKI, ALEXANDRE	41 BLVD. DE CHATEAU	NEUILLY SUR SEINE FR	<input type="checkbox"/>
STD	POSTEL-VINAY, ANTOINE	70-72 RUDU MOULIN	IGNY-FR	<input type="checkbox"/>
D	LECLERCQ, JEAN LOUIS	3 AVE. BOILEAU	LA CELLE ST. CLOUD FR	<input checked="" type="checkbox"/>
D	WALWESKI, FABRICE	46 RUE AMERE	75017 PARIS FR	<input type="checkbox"/>
D	WALEWSKI, RAPHAEL	41 BLVD. DU CHATEAU	72200 NEUILLY SUR SEINE FR	<input type="checkbox"/>
D	JACKSON, E RAY	4020 50TH STREET S	TAMPA FL 33619	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Weber, Thomas	2137 JACKSONVILLE ST	FT. MYERS, FL 33916	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JACKSON, E. RAY	801 DOUGLAS AVE SUITE 207	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD RAY JACKSON

2/21/00

Date

407-774-5551

Daytime Phone #

CR2E034 19/99