

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 594259

1. Entity Name
EXI, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90001 027 ***558.75

Principal Place of Business

1070 EGRET LAKE WAY
500 AZALEA LANE
MELBOURNE FL 32940
US

Mailing Address

1070 EGRET LAKE WAY
500 AZALEA LANE
MELBOURNE FL 32940
US

2. Principal Place of Business

1070 EGRET LAKE WAY
Suite, Apt. #, etc.

3. Mailing Address

1070 EGRET LAKE WAY
Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE, FL

4. FEI Number

59-2165352

Applied For

Not Applicable

Zip

32940

Country

BREVIAND

Zip

32940

Country

BREVIAND

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESROSIER, SHEILA G
1070 EGRET LAKE WAY
MELBOURNE FL 32440

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VPS DESROSIER, SHEILA G 1070 EGRET LAKE WAY MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TAUREL, LEON 1070 EGRET LAKE WAY MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Sheila G. Desrosiers SHEILA G. DESROSIER

Date

Daytime Phone #

8/9/00 321 242 6646

CR2E034 (5/00)