

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90070 034 ***150.00

DOCUMENT # H82207

1. Entity Name

CAXAMBAS ASSOCIATES, INC.

Principal Place of Business

945 CAXAMBAS DR
 MARCO ISLAND FL 33937-5907
 US

Mailing Address

4201 N. CNTY. RD. M
 EVANSVILLE WI 53536
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

PARKER, GEORGE

945 CAXAMBAS DR

MARCO ISLAND FL 33937

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, 2002 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 VP ☐ Delete
 NAME THERMANSEN, MARTHA
 STREET ADDRESS 5320 N. LAKE DRIVE
 CITY-ST-ZIP MILWAUKEE WI

TITLE CP ☐ Delete
 NAME PARKER, GEORGE
 STREET ADDRESS 945 CAXAMBAS DRIVE
 CITY-ST-ZIP MARCO FL

TITLE VP ☐ Delete
 NAME PARKER, GEORGE III
 STREET ADDRESS 2833 RIVER ROAD
 CITY-ST-ZIP VIRGINIA BEACH VA

TITLE VP ☐ Delete
 NAME CUMPIANO, ELIZABETH
 STREET ADDRESS 107 CALLE TRES HERMANOS
 CITY-ST-ZIP CONDADO PR

TITLE VP ☐ Delete
 NAME SCHULTZ, PATRICIA
 STREET ADDRESS 2512 N. RIO GRANDE DR.
 CITY-ST-ZIP MERRILL WI 54452

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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TITLE ☐ Change ☐ Addition
 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)(l), 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: *George Parker* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2002

Date

608/882-2523

Daytime Phone #

0636223

AT

CR2E034 (9/01)