

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90168 028 \*\*\*150.00

DOCUMENT # L36568

1. Entity Name

LEXCO, INC.

Principal Place of Business

% WILLIAM H. MYERS  
5811 PELICAN BAY BLVD. STE 600  
NAPLES FL 34108  
US

Mailing Address

% WILLIAM H. MYERS  
5811 PELICAN BAY BLVD. STE 600  
NAPLES FL 33963  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

% WILLIAM H. MYERS

Suite, Apt. #, etc.

5811 PELICAN BAY BLVD, STE 600

City & State

NAPLES FL

Zip

34108

Country

U.S.

4. FEI Number 65-0162695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYERS, WILLIAM H.  
5811 PELICAN BAY BLVD  
SUITE 613  
NAPLES FL 34108

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 \$150.00**  
**After MAY 1, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS MYERS, WILLIAM H.  
CITY-ST-ZIP 4801 ISLAND POND CT #1202  
BONITA SPRINGS FL

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS KRAUSE, ANDREW J  
CITY-ST-ZIP 210 SILVERADO DR  
NAPLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:

Andrew J. Krause  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Krause, 1/4/01

Date

Daytime Phone #

941-598-1221

CR2E034 (10/00)