

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48802

1. Entity Name

CLAXAN, INC.

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

02-15-2000 90040 038 ***150.00

Principal Place of Business

Mailing Address

~~1858 RINGLING BLVD~~
1858 RINGLING BLVD
SARASOTA FL 34236
US

~~1858 RINGLING BLVD~~
1858 RINGLING BLVD
SARASOTA FL 34236-5917
US

2. Principal Place of Business

1858 Ringling Blvd.

3. Mailing Address

1858 Ringling Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0326926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENEA M. GLENDINNING
1858 RINGLING BLVD
SARASOTA FL 34236

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS HAEUSLER, ALEX F.
CITY-ST-ZIP 4571 HIGHLAND OAKS CIRCLE
SARASOTA FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS GLENDINNING, RENE M
CITY-ST-ZIP 1858 RINGLING BLVD
SARASOTA FL 34256

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

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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)(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:

Renea M. Glendinning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

(941) 365-4617

Daytime Phone #

CR2E034 (9/99)