

04-21-2002 90913 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79637
1. Entity Name
 INNEX MANUFACTURERS & IMPORTERS INC. 831

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5580 ENTERPRISE PKWY
 Suite, Apt. #, etc.

3. Mailing Address
 5580 ENTERPRISE PKWY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1176406 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State: FT. MYERS, FL **City & State:** FT. MYERS, FL

Zip: 33905 **Country:** US **Zip:** 33905 **Country:** US

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUMSDEN, DENNIS J.
Street: 6710 WENKLER RD. (Not Acceptable)
City: FT. MYERS **FL** **Zip Code:** 33919

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 _____ **DATE** _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when consenting)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

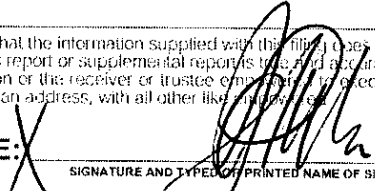
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	VAN DER MERWE, DAVID J.	NAME	
STREET ADDRESS	5580 ENTERPRISE PKWY	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33905	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like information.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ **Daytime Phone** _____

CR2E034B (12/01)