

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104685

1. Entity Name
TRAXX CONSTRUCTION, CORP.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90490 023 ***150.00

Principal Place of Business
11983 TAMiami TRAIL N #151
NAPLES FL 34110

Mailing Address
11983 TAMiami TRAIL N #151
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Cutlass Drive 18259
Suite, Apt. #, etc.

3. Mailing Address
Cutlass Drive 18259
Suite, Apt. #, etc.

City & State
Ft. Myers Beach, FL 33931
Zip
33931
Country
USA

City & State
Ft. Myers Beach, Florida
Zip
33931
Country
USA

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAXUM MANAGEMENT, CORP.
11983 TAMiami TRAIL N #151
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name
GOLDEN B INC
Street Address (P.O. Box Number Is Not Acceptable)
18570 DEEP PASSAGE LN
City
FT. MYERS BEACH FL Zip Code
33931

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
JUERGEN WEYERS PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE
03/08/01

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------------|----------------------------|-----------------|-------------------------------------|
| | D WEYERS, JUERGEN | 11983 TAMiami TRAIL N #151 | NAPLES FL 34110 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-----------------------|---------------------|---------------------------|--------------------------|-------------------------------------|
| | D P RAHMLow, ROLF | Cutlass Drive 18259 | Ft. Myers Beach, FL 33931 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | S KUEMMEL OLAF | Cutlass Drive 18259 | Ft. Myers Beach, FL 33931 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | T Daniel Nehr Horn | Cutlass Drive 18259 | Ft. Myers Beach, FL 33931 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Rahmlow ROLF

DATE
03/08/01

DAYTIME PHONE #
941-415-3955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)