

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001302

1. Entity Name

LEXTED, INC.

Principal Place of Business

1010 28TH AVE N
NAPLES FL 34103

Mailing Address

1010 28TH AVE N
NAPLES FL 34103

2. Principal Place of Business

1010 28th Ave No.

Suite, Apt. #, etc.

3. Mailing Address

1010 28th Ave No.

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples, Florida

Zip

34103

Country

Collier

Zip

34103

Country

Collier

6. Name and Address of Current Registered Agent

ADDISON, L. DARRELL
1010 28TH AVE N
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-1022005

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
ADDISON, L. DARRELL
1010 28TH AVE N
NAPLES FL 34103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
ADDISON, DOLORES
1010 28TH AVE N
NAPLES FL 34103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

L. Darrell Addison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01

Date

941-262-5454

Daytime Phone #

0008941

CR2E034 (10/00)