

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90049 050 \*\*\*150.00

**DOCUMENT # P93000037306**

1. Entity Name

**AMAXUS INCORPORATED**

Principal Place of Business

**800 LAUREL OAK DR  
 STE 600  
 NAPLES FL 34108  
 US**

Mailing Address

**800 LAUREL OAK DR  
 STE 600  
 NAPLES FL 34108  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0423502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 S. BISCAYNE BLVD.  
 1600 MIAMI CENTER  
 MIAMI FL 33131**

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, 2002 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 **PD** ☐ Delete  
 NAME **BENNETT, S. CHARLES III**  
 STREET ADDRESS **1756 SAN BERNARDINO WAY**  
 CITY-ST-ZIP **NAPLES FL 33942**

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

TITLE **D** ☐ Delete  
 NAME **NALLEY, E. P**  
 STREET ADDRESS **1756 GRAND BAY DRIVE**  
 CITY-ST-ZIP **NAPLES FL 33940**

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

TITLE **VD** ☐ Delete  
 NAME **MASTERS, T.C.**  
 STREET ADDRESS **4401 PIND APPLE DRIVE**  
 CITY-ST-ZIP **NAPLES FL 33999**

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

TITLE **TD** ☐ Delete  
 NAME **MARWICK, K.M.**  
 STREET ADDRESS **24781 PENNYROYAL DRIVE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Delete  
 NAME **ROSINUS, F.**  
 STREET ADDRESS **25151 PENNYROYAL DRIVE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

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

TITLE **D** ☐ Delete  
 NAME **WETTLAUER, M.**  
 STREET ADDRESS **58101 PELICAN BAY BLVD.**  
 CITY-ST-ZIP **NAPLES FL 33963**

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)