

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047097

1. Entity Name

PROWEX, INC.

Principal Place of Business

10915 BONITA BEACH ROAD SE SUITE 2141
BONITA SPRINGS FL 33923

Mailing Address

10915 BONITA BEACH ROAD SE SUITE 2141
BONITA SPRINGS FL 33923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JAMES C JR
STEWART & STORTER, ATTORNEYS AT LAW
1725 COUNTY ROAD 951 #106
GOLDEN GATE FL 33999

Name

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

11925 Collier Blvd., Ste 101

City

Golden Gate

FL

Zip Code

33416

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 ☐ Delete
NAME D
STREET ADDRESS SCHNEEBELI, JURG
CITY-ST-ZIP 10915 BONITA BEACH ROAD SE
BONITA SPRINGS FL 33923

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 change empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jurg Schneebeli
Resident

Date

Daytime Phone #

1/26/01 (94) 495-2516



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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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