

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024239

1. Entity Name

INLUX CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90106 045 ***150.00

Principal Place of Business

125 N. AIRPORT RD.
 SUITE 202
 NAPLES FL 34104

Mailing Address

125 N. AIRPORT RD.
 SUITE 202
 NAPLES FL 34104-3500

2. Principal Place of Business

4687 Pond Apple Dr. S.
 Suite, Apt. #, etc.

3. Mailing Address

4687 Pond Apple Dr. S.
 Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3445293

Applied For

Not Applicable

Zip

Country

34119 US

Zip

Country

34119 US

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

DAVIS, JAMES
 125 N. AIRPORT RD.
 SUITE 202
 NAPLES FL 34104

Name

James Davis

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

4687 Pond Apple Dr. S.

City

Naples

FL

Zip Code

34119

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

James Davis

James Davis

4/19/00

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, 2000 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 DAVIS, JAMES
 CITY-ST-ZIP 125 N. AIRPORT RD., STE. 202
 NAPLES FL 34014

TITLE ☐ Change ☐ Addition
 NAME 4687 Pond Apple Dr. S.
 STREET ADDRESS Naples, FL 34119
 CITY-ST-ZIP Address

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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:

James Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

941-566-2785

CR2E034 (9/99)