

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041675

1. Entity Name

RONEX, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 010 ***150.00

Principal Place of Business

4001 TAMiami TRAIL NO STE 265
NAPLES FL 34103

Mailing Address

4001 TAMiami TRAIL NO STE 265
NAPLES FL 34103-8733

A0057778

2. Principal Place of Business

3. Mailing Address

600 5th AVE. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 212

City & State

City & State

NAPLES, FL

4. FEI Number

59-3444466

Applied For

Not Applicable

Zip

Country

Zip

Country

34102

USA

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

EURO-AMERICAN CONSULTING INC
4001 TAMiami TRAIL NO STE 265
NAPLES FL 34103

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, 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 D ☐ Delete
NAME SCHACHER, RONALD
STREET ADDRESS 2250 ARBOUR WALK CIRCLE #1716
CITY-ST-ZIP NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME SCHACHER, RONALD
STREET ADDRESS 1704 9th St N
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

I 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
in 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 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
in attachment with an address, with all other like empowered.

Ronald Schacher
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (941) 450-4900
Date Daytime Phone #