

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000041675**1. Entity Name
RONEX, INC.

Principal Place of Business

4001 TAMIAMI TRAIL NO STE 265

NAPLES
34103

FL

Mailing Address

600 5TH AVE. SO.

STE 212
NAPLES
34102

FL

2. Principal Place of Business

1704 9TH ST N

3. Mailing Address

1704 9TH ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

Zip
34102Country
USZip
34102

Country

4. FEI Number

59-3444466

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

FL

US

7. Name and Address of New Registered Agent

Name

HOW, CACCHIONE & GAINEY, PA

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

600 FIFTH AVENUE SOUTH

SUITE 212

City

NAPLES

FL

Zip Code
34102

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 **RICHARD J. HOW**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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

TITLE D ☐ Delete
NAME SCHACHER RONALD
STREET ADDRESS 1704 9TH 87 N
CITY-ST-ZIP NAPLES FL 34102TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition
NAME SCHACHER RONALD
STREET ADDRESS 1704 9TH ST N
CITY-ST-ZIP NAPLES FL 34102TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **RONALD S. SCHACHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P/D

04/26/2001

Date

Daytime Phone #

CR2E034 (11/00)