

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044489

1. Entity Name

BEMAX PROPERTIES, INC.

Principal Place of Business

5117 CASTELLO DR., STE. 1
NAPLES FL 34103

Mailing Address

5117 CASTELLO DR., STE. 1
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

Zip

34133

Country

6. Name and Address of Current Registered Agent

AMBURN, JAMES W
5117 CASTELLO DR.
STE 1
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

28000 Spanish Wells Blvd.

Suite 200

Bonita Springs

FL

Zip Code 34135

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

TITLE D
NAME STAHL, MAX
STREET ADDRESS 5117 CASTELLO DR., STE. 1
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVTS
NAME MAX STAHL
STREET ADDRESS 28000 Spanish Wells Blvd - Ste 200
CITY-ST-ZIP Bonita Springs, FL 34135 ☒ Change ☐ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-2000

Date

941-992-3355

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 015 ***150.00



DO NOT WRITE IN THIS SPACE