

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91093 045 \*\*\*150.00

**DOCUMENT # P97000044489**

1. Entity Name  
**BEMAX PROPERTIES, INC.**



Principal Place of Business  
**2800 SPANISH WELLS BLVD  
200  
BONITA SPRINGS FL 34135**

Mailing Address  
**PO BOX 279  
BONITA SPRINGS FL 34133**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3479858</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

~~AMBURN, JAMES W  
28000 SPANISH WELLS BLVD  
STE 200  
BONITA SPRINGS FL 34135~~

**7. Name and Address of New Registered Agent**

Name **ALLURE ACCOUNTING, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**28000 SPANISH WELLS BLVD**  
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS STAHL, MAX 28000 SPANISH WELLS BLVD STE 200 BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STAHL, BEATRICE 28000 SPANISH WELLS BLVD STE 200 BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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**

**02/24/03 239-992-3355**  
Date Daytime Phone #

CR25034 10/02