

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90050 018 \*\*\*150.00

DOCUMENT # P97000108615

1. Entity Name

Xavier Enterprises, Inc. ✓

Principal Place of Business

Mailing Address

709 Cape Coral Pkwy.  
Cape Coral, Fl. 33914

709 Cape Coral Pkwy.  
Ste. 110  
Cape Coral, Fl. 33914

2. Principal Place of Business

1105 Cape Coral Pkwy. E.

3. Mailing Address

1105 Cape Coral Pkwy. E.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip

33904

Country

U.S.A.

Zip

33904

Country

U.S.A.

4. FEI Number

650811963-

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Monika Farmar

709 Cape Coral Pkwy. W.

Cape Coral, Florida 33914

7. Name and Address of New Registered Agent

Name

Christine F. Wright

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

1105 Cape Coral Pkwy. E.

Suite C

City

Cape Coral

FL

Zip Code

33904

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME Benoit, Brigitte  
STREET ADDRESS 1105 Cape Coral Pkwy. E.  
CITY-ST-ZIP Cape Coral, FL. 33904

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: *Brigitte Benoit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

Daytime Phone #

CR20034 (10/00)