

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012200

1. Entity Name

WIXX ENERGY, INC.

Principal Place of Business

7800 BELFORT PARKWAY
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PARKWAY
JACKSONVILLE FL 32256-6941

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3492650

Applied For

Not Applicable

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

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 VP ☒ Delete
NAME CAREY, EDWARD C JR
STREET ADDRESS 7800 BELFORT PKY STE 100
CITY-ST-ZIP JAX FL 32256

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

TITLE P ☐ Delete
NAME WILSON, STEVEN J
STREET ADDRESS 7800 BELFORT PKY STE 100
CITY-ST-ZIP JAX FL 32256

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

TITLE STV3 ☐ Delete
NAME GRAY, CATHERINE J
STREET ADDRESS 7800 BELFORT PKY STE 100
CITY-ST-ZIP JAX FL 32256

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

TITLE ATAS ☐ Delete
NAME TURVEY, SUSAN H
STREET ADDRESS 7800 BELFORT PKY STE 100
CITY-ST-ZIP JAX FL 32256

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

TITLE AS ☒ Delete
NAME GRAHAM, MALCOLM T
STREET ADDRESS 7800 BELFORT PKY STE 100
CITY-ST-ZIP JAX FL 32256

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

TITLE MD ☒ Delete
NAME NAVIS, HERB
STREET ADDRESS 7800 BELFORT PKY STE 100
CITY-ST-ZIP JAX FL 32256

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90239 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)