

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90040 001 ***150.00

DOCUMENT # P98000014328

1. Entity Name
RETXAB, INC.

Principal Place of Business

**1901 SE 21ST STREET
 CAPE CORAL FL 33990**

Mailing Address

**1901 SE 21ST STREET
 CAPE CORAL FL 33990**

2. Principal Place of Business

1622 SE 21st Terr

3. Mailing Address

1622 SE 21st Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cape Coral FL

City & State
Cape Coral FL

4. FEI Number **52-2102901**

Applied For
 Not Applicable

Zip
33990

Country

Zip
33990

Country

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

**BAXTER, JIM
 1901 SE 21ST ST
 CAPE CORAL FL 33990**

Name

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

1622 SE 21st Terrace

City **Cape Coral**

FL

Zip Code **33990**

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, 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 **D** ☐ Delete
 NAME **BAXTER, JIM**
 STREET ADDRESS **1901 SE 21ST ST**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition
 NAME **1622 SE 21st Terr**
 STREET ADDRESS **Cape Coral FL**
 CITY-ST-ZIP **33990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *James D Baxter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)