

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90108 029 \*\*\*150.00

0493676 AN

**DOCUMENT # P98000014328****1. Entity Name**  
**RETXAB, INC.****Principal Place of Business**  
**1622 SE 21ST TERR**  
**CAPE CORAL FL 33990****Mailing Address**  
**1622 SE 21ST TERR**  
**CAPE CORAL FL 33990****2. Principal Place of Business**  
**4508 SANTA BARBARA BLVD****3. Mailing Address**  
**4508 SANTA BARBARA BLVD**

Suite, Apt. #, etc.

**104**

Suite, Apt. #, etc.

**104**

City &amp; State

**CAPE CORAL, FLORIDA**

City &amp; State

**CAPE CORAL, FLORIDA**

Zip

**33914**

Country

**USA**

Zip

**33914**

Country

**USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **52-2102901**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BAXTER, JIM**  
**1622 SE 21ST TERRACE**  
**CAPE CORAL FL 33990****7. Name and Address of New Registered Agent****Name**  
**BAXTER, JIM**

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

**4508 SANTA BARBARA BLVD #104**

City

**CAPE CORAL****FL**Zip Code  
**33914****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

**JAMES D BAXTER**  
**JAMES D BAXTER****02/03/02**

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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BAXTER, JIM</b>
STREET ADDRESS	<b>1622 SE 21ST TERRACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIM BAXTER</b>
STREET ADDRESS	<b>4508 SANTA BARBARA BLVD #104</b>
CITY-ST-ZIP	<b>CAPE CORAL, FLORIDA 33914</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**02/03/02 (941) 464-2315**

Date

Daytime Phone #

CR2E034 (9/01)