

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000036922**1. Entity Name
AXXIS INTERNATIONAL, INCORPORATED

Principal Place of Business

2230-N SPRING HARBOR DR

DELRAY BEACH

334456902

FL

Mailing Address

2230-N SPRING HARBOR DR

DELRAY BEACH

334456902

FL

2. Principal Place of Business

6406 BLUE BAY CIRCLE

3. Mailing Address

6406 BLUE BAY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH

FL

City & State

LAKE WORTH

FL

Zip
33467

Country

Zip
33467

Country

4. FEI Number

65-0832234

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BROUSSARD ARNOLD A
2230-N SPRING HARBOR DR

DELRAY BEACH

FL

334456902

7. Name and Address of New Registered Agent

Name

BROUSSARD ARNOLD A

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

6406 BLUE BAY CIRCLE

City

LAKE WORTH

FL

Zip Code
33467

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 **ARNOLD A. BROUSSARD****04/15/2001**

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

TITLE VPTD ☐ Delete
NAME BROUSSARD LORIE S
STREET ADDRESS 2230 N. SPRING HARBOR DRIVE
CITY-ST-ZIP DELRAY BEACH FL 334456902TITLE PSD ☐ Delete
NAME BROUSSARD ARNOLD A
STREET ADDRESS 2230 N. SPRING HARBOR DRIVE
CITY-ST-ZIP DELRAY BEACH FL 334456902TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPTD ☒ Change ☐ Addition
NAME BROUSSARD LORIE S
STREET ADDRESS 6406 BLUE BAY CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467TITLE PSD ☒ Change ☐ Addition
NAME BROUSSARD ARNOLD A
STREET ADDRESS 6406 BLUE BAY CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Arnold A. Broussard**

PSD

04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)