FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					Jan 13, 2003 8:00 am Secretary of State		
1. Entity N	MENT # P980(AXAMBAS COURT, INC.	00040038			o1-13-2003 90088	01 State 044 ***150.00	,
Principal Place of Business 4901 TAMIAMI TRAIL N. NAPLES FL 34103		Mailing Address 4901 TAMIAMI TRAIL NORTH. #265 NAPLES FL 34103		WEI		۷	,
2. Principa	I Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & St	ate	City & State			4. FEI Number 65-0843139	Applied F	
Zip t.	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered		
U.Š. INVESTOR SERVICES, INC. 4901 TAMIAMI TRAIL N. NAPLES FL 34103-3010			Name Street A	ddress (P.	O. Box Number is Not Acceptable)		
			City		FL	Zip Code	
the obligation		r the purpose of changing its	s registered office or	registered	d agent, or both, in the State of Florida. I am	familiar with, and acc	cept
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signatu	re required wh	nen reinstating) DATE		- {
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		-	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Added to Fees	Be s
10.	OFFICERS AND (DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 44	
NAME STREET ADDRESS CITY-ST-ZIP	PSTD VOGELSANG, JORG 4901 TAMIAMI TRAIL N. NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		THE STATE OF THE S	Change Add	dition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE			☐ Change ☐ Addit	tion

12. 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 10 or Block 11 if 393.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR