

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000084500**

1. Entity Name

Xerxes Diversified Asset Management Corp.

Principal Place of Business

1505 SE 40TH St.
Suite G

Cape Coral, FL 33904

Mailing Address

1505 SE 40TH St.
Suite G

Cape Coral, FL 33904

2. Principal Place of Business

621 East Cape Coral Pkwy
Suite, Apt. #, etc.

3. Mailing Address

621 East Cape Coral Pkwy.
Suite, Apt. #, etc.

City & State

Cape Coral, FL
Zip 33904 Country

City & State

Cape Coral, FL
Zip 33904 Country

4. FEI Number

65-0864953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Robert J. La-Rocco
1505 S.E. 40th Street Suite G
Cape Coral FL 33904

7. Name and Address of New Registered Agent

Name Ingrid Winkelbach
Street Address (P.O. Box Number is Not Acceptable)
621 East Cape Coral Pkwy
City Cape Coral FL Zip Code 33904

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.

J. WINKELBACH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/11/2000

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President/Secretary/Treasurer ☒ Delete
LaRocco Robert J.
1505 SE 40th Street, Suite G
Cape Coral FL 33904

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
President/Secretary/Treasurer ☐ Change ☒ Addition
Winkelbach Ingrid
621 East Cape Coral Parkway
Cape Coral, FL 33904

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

☐ Delete

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

I 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
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
or on an attachment with an address, with all other like empowered.

SIGNATURE: Ingrid Winkelbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INGRID WINKELBACH

04/11/2000

Date

Daytime Phone

CR2E034 (9/99)