

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098151

1. Entity Name  
FEIX INVESTMENT, INC.

Principal Place of Business

4901 TAMIAMI TRAIL NORTH  
NAPLES FL 34103

Mailing Address

4901 TAMIAMI TRAIL NORTH  
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0879212

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES INC.  
4901 TAMIAMI TRAIL NORTH  
NAPLES FL 34103-3010

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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 NAME PTD  
STREET ADDRESS FEIX, GUNTER  
CITY-ST-ZIP 4001 TAMIAMI TRAIL NORTH #265  
NAPLES FL 34103 ☐ Delete

TITLE NAME VSD  
STREET ADDRESS FEIX, IRMGARD  
CITY-ST-ZIP 4001 TAMIAMI TRAIL NORTH #265  
NAPLES FL 34103 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 4901 Tamiami Trail North  
CITY-ST-ZIP Naples, FL 34103

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 4901 Tamiami Trail North  
CITY-ST-ZIP Naples, FL 34103

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
IRMGARD FEIX Aug. 20, 2001

Date

Daytime Phone #

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90010 028 \*\*\*550.00

00063772



DO NOT WRITE IN THIS SPACE

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