

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101470

1. Entity Name

ABRAXUS LIMITED, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90123 042 ***150.00

Principal Place of Business

Mailing Address

~~100 RIALTO CTR.~~
~~#700~~
~~MELBOURNE FL 32901~~

~~100 RIALTO CTR.~~
~~#700~~
~~MELBOURNE FL 32901-0072~~

2. Principal Place of Business

3. Mailing Address

1600 SARNO Rd.

1600 SARNO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

214

City & State

City & State

MELBOURNE FL.

MELBOURNE FL.

Zip

Country

Zip

Country

32935

US

32935

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONAGHUE, BRENDA L
319 TRITON CT.
INDIAN HARBOR BEACH FL 32937

Name BRENDA L. DONAGHUE

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

1600 SARNO #214

City

MELBOURNE

FL

Zip Code

32935

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 re-registering.)

DATE

4/28/00

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME DONAGHUE, BRENDA
STREET ADDRESS 319 TRITON CT.
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 ☐ Delete

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

TITLE VP
NAME AUGUSTUS P. FRANZOWE
STREET ADDRESS 1529 COROL OAK LA.
CITY-ST-ZIP VERO BEACH FL 32903 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ 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:

BRENDA L. DONAGHUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

CE 1014 9/99