

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000003329**1. Entity Name  
ELIXON, INC.

## Principal Place of Business

P.O. BOX 152761

TAMPA  
33684

FL

## Mailing Address

P.O. BOX 152761

TAMPA  
33684

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-3551434**

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

O'CONNOR PATRICK M  
%2240 BELLEAIR ROAD STE. 160CLEARWATER  
33764

US

FL

## 7. Name and Address of New Registered Agent

Name

O'CONNOR PATRICK M

Street Address (P.O. Box Number is Not Acceptable)  
2240 BELLEAIR ROAD STE. 160City  
CLEARWATER

FL

Zip Code  
33764

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 **PATRICK O'CONNOR****01/27/2001**

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 D ☐ Delete  
NAME DEFALCO DARREN  
STREET ADDRESS P.O. BOX 152761  
CITY-ST-ZIP TAMPA FL 33684TITLE D ☐ Delete  
NAME KANNBERG BILL  
STREET ADDRESS P.O. BOX 152761  
CITY-ST-ZIP TAMPA FL 33684TITLE ☐ 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 MR. ☒ Change ☐ Addition  
NAME DEFALCO DARREN  
STREET ADDRESS P.O. BOX 152761  
CITY-ST-ZIP TAMPA FL 33684TITLE MR. ☒ Change ☐ Addition  
NAME KANNBERG BILL  
STREET ADDRESS P.O. BOX 152761  
CITY-ST-ZIP TAMPA FL 33684TITLE ☐ 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: **Darren DeFalco**

Mr.

01/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)