

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021841

1. Entity Name

NEXARM, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90056 023 ***150.00

Principal Place of Business

478 E. ALTAMONTE DR., STE. 108-133
 ATLAMONTE SPRINGS FL 32701

Mailing Address

478 E. ALTAMONTE DR., STE. 108-133
 ATLAMONTE SPRINGS FL 32701-4628

2. Principal Place of Business

8518 Milano Drive

Suite, Apt. #, etc.

Apt 2023

City & State

Orlando, FL

Zip

32810

Country

Orange

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3563206

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALLANEIX, GUILLAUME

THE ARBORS, 8813 PISA DR., APT 13211
 ORLANDO FL 32810

Name

Street Address (P.O. B

City

7. I

Apologies

5. Additional required

Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent

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 \$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

TITLE D
 NAME VALLANEIX, GUILLAUME
 STREET ADDRESS THE ARBORS, 8813 PISA DR., APT 13211
 CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P
 NAME VALLANEIX, GUILLAUME ☒ Change ☐ Addition
 STREET ADDRESS 8824 VENEZIA DRIVE APT 24110
 CITY-ST-ZIP ORLANDO, FL 32810

TITLE D VP
 NAME VANDER STICHELE, PETER ☐ Change ☒ Addition
 STREET ADDRESS 8505 MILANO DRIVE APT 1839
 CITY-ST-ZIP ORLANDO, FL 32810

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

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

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

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

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 P. VANDER STICHELE

4-27-00 (407) 475-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)