

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024159

1. Entity Name

EXIT 18, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90022 034 ***150.00

Principal Place of Business

Mailing Address

~~2100 CORAL POINT DR~~
~~CAPE CORAL FL 33900~~

2100 CORAL POINT DR
CAPE CORAL FL 33900-6832

2. Principal Place of Business

24850 OLD 41 ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

24

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

4. FEI Number

65-0903230

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEROUEN, SHELLY A
1953 COLONIAL BLVD
FT MYERS FL 33907

CHRISTOPHER MENIER
24850 OLD 41 RD, STE. 24
BONITA SPRINGS, FL 34135

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: X

Christopher Menier, President

4/25/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MENIER, CHRISTOPHER S 2100 CORAL POINT DR 1310 SE 33 rd Terrace CAPE CORAL FL 33900 33991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MENIER, DEAN A 2100 CORAL POINT DR CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

Christopher Menier

4/25/2000 941-948-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)