2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000037156 1. Entity Name IMPEX OF SW FLA, INC. Principal Place of Business Mailing Address 25161 PENNYROYAL DRIVE 25161 PENNYROYAL DRIVE BONITA SPRINGS FL 34734 BONITA SPRINGS FL 34734

Aug 01, 2000 8:00 am Secretary of State

08-01-2000 90006 028 ***150.00



1					j		/		AIHIN BIII INDI
2. Principal Place of Business 3. Mailing Address									
3910 Country Club			3910 Country Club Bv.						****** **** 1881
Suite, Apt.	. #, etc.	1	Suite, Apt. #, etc.			DO NOT V	WRITE IN THIS	SPACE	
City & State	te		City & State	y & State		FEI Number		Ar	plied For
Cape Coral, FL			Cape Coral Fl			65-0915315		No	t Applicable
Zip		Country	Zip	Country		Certificate of Status Desire		\$8.75 Add	ditional
33904		Lee	33904	Lee	3.	Certificate of Status Desire	,u	Fee Require	
	6. Name	and Address of Current F	Registered Agent		7.	Name and Address of Ne	w Registered	Agent	
				Name	,:			·	
WIS	, MARLENE		Street Address (P.O. Box Number is Not Acceptable)						
	OYAL DRIVE		Street Address (P.O. Box Number is Not Acceptable)3910 Country Club BLVD						
-BOI	93 FL 34734	7							
ĺ							·		
				City	Cape C	oral	FL	Zip Code	904
	M	——————————————————————————————————————							77.=
8. The above	napped entity	submits this statement for	the purpose of changing its r	egistered office o	r registered aç	gent, or both, in the State o	r Horida.		
	11/2.1	6 (20)	no a la	_			~ ~	(3 5	
SIGNATURE :	XVICUL	2000	ocus ruy		1.4 5	X	7.2	1.00	
	Signature, typed	of printed fame of registered agent a	nd title if applicable. (NO E	Registered Agent signal	ture required when i	reinstating)	DATE		
9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW!!	! FEE IS \$550.	00	10 Fination Committee	- Financias	65.0	
Tax filing requirement and elects to do so. After SEPTEMBER 13									
(See criter	ria on back)		Make Check Payabl	e to Departmen	t of State	ijusi julju Contrio	unon.	A0080	101663
11.		OFFICERS AND [DIRECTORS	12.	Af	DDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR!	S IN 11
TITLE	D	* <u></u>	□ Delete	TITLE				Change	Addition
NAME	WERNER	, THOMAS		NAME					
STREET ADDRESS		V 25TH TERRACE	•	STREET ADDRESS					
CITY-ST-ZIP		ILLE FL 32609		CITY-ST-ZIP					
TITLE		CLL 1 E GEGGG	☐ Delete	TITLE				Change	☐ Addition
NAME	oakuh	ue, Bonnie	T Desete	NAME	<u>s</u>				
STREET ADDRESS		NW 25th Ter	Tace	STREET ADDRESS	AXTENI	TNE,BONNIE			
CITY-ST-ZIP		sville, FL	32609	CITY-ST-ZIP	1	nw 25th ter			
	001110	OVIIIC, II		TITLE	Gaine	sville, F L	32609	☐ Change	Addition
TITLE			∐ Delete		- ا	الله الله المستنفية الأمام المست	<u> </u>		- A
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
	ļ				<u> </u>			Change	Addition
7,7,5			□ 5 .1.1.	TITI C					
TITLE			☐ Delete	TITLE					
NAME			☐ Delete	NAME					
NAME STREET ADDRESS			☐ Delete	NAME Street address					
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP					Дэле»-
NAME STREET ADDRESS CITY-ST-ZIP TITLE			□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	_			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					

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.

DOC# P99000037156
B0104070

CALLA LILY, INC.

Accounting & Taxes

3910 Country Club Boulevard Cape Coral, FL 33904

ETTA KOHL
ettakohl@aol.com

Phone: 941-549-4322 Fax: 941-549-8984

July 21, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500

Tallahassee, FL 32302-1500

RE: 2000 Uniform Business Report (UBR)

Dear Sir or Madam:

I am the accountant for Impex of SW FLA., Inc. The stockholders of Impex live in Germany and have a relative listed as the registered agent and who lives in Gainesville while the business is in Cape Coral. Also, complicating matters further the address for this registered agent has changed. She, therefore, did not receive the form for filing by May 1, in fact the form mailed as the second notice was presented to me by the person at the previously listed address and the agent never did receive the form. This problem has been corrected on the enclosed form.

This corporation is in its first year of business. Impex is not an active business at this time but the stockholders want to keep the corporation as they have property in it and they intend to make it active in the future.

I have enclosed the second notice form completed as well as a check for \$150.00. I ask on behalf of the stockholders of Impex, that you waive the penalty and accept the payment enclosed.

We thank you in advance for your attention to this matter.

Sincerely,

Calla Lily, Inc.

Etta R. Kohl, President