

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039354

1. Entity Name

ABRAXX INTERNATIONAL, INC.

Principal Place of Business

892 DEAN WAY
FT MYERS FL 33919

Mailing Address

892 DEAN WAY
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BREITWEISER, LINDA
892 DEAN WAY
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

WENZEL, MARCELLA
~~892 DEAN WAY~~

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

892 DEAN WAY

City

FT MYERS

FL

Zip Code
33919

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 of the person who is the registered agent and file 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME PSTD
STREET ADDRESS BREITWEISER, ALVAH
CITY-ST-ZIP 892 DEAN WAY
FT MYERS FL 33919 ☐ DeleteTITLE
NAME S
STREET ADDRESS WENZEL, MARCELLA
CITY-ST-ZIP BOX 506
ELKTON VA 22827 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME BREITWEISER KARL ☐ Change ☒ Addition
STREET ADDRESS 892 DEAN WAY
CITY-ST-ZIP FT MYERS FL 33919 SecretaryTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02 941/482-3500

Date

Daytime Phone #

FILED

02 MAY 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

37-0989614

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required