

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90746 035 ***150.00

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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

892 DEAN WAY
Suite, Apt. #, etc.

3. Mailing Address

892 DEAN WAY
Suite, Apt. #, etc.

City & State

FT MYERS, FL.

City & State

FT MYERS, FL.

Zip

33919

Country

LEE

Zip

33919

Country

LEE

4. FEI Number

37-0989614

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCELLA, MARCELLA WENZEL
892 DEAN WAY
FT MYERS FL 33919

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marcella Wenzel

Signature, typed or printed name of registered agent and agent applicable

(NOTE: Registered Agent signature required when reinstating)

3-6-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BREITWEISER, ALVAH
892 DEAN WAY
FT MYERS FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BREITWEISER, KARL
892 DEAN WAY
FT MYERS FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvah Breitweiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVAH BREITWEISER 239/482-3500

Date

Daytime Phone #

CR2E034 (10/02)