

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90273 021 ***150.00

DOCUMENT # P99000089660

1. Entity Name:

REXXUS LEXXUS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1595 SEMORAN NORTH CIRCLE #101
 WINTER PARK FL 32792

1595 SEMORAN NORTH CIRCLE #101
 WINTER PARK FL 32792-1436

2. Principal Place of Business

3. Mailing Address

1595 SEMORAN N. Circle

1595 SEMORAN N. Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #101

Suite #101

City & State

City & State

Winter Park

Winter Park, FL

Zip

Country

Zip

Country

FL

32792

32792

USA

4. FEL Number

593-61-3292

Applied For

Not Applicable

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

COLLIER, RAMA LOVE
 1595 SEMORAN NORTH CIRCLE #101
 WINTER PARK FL 32792

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 1, 00

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 DPT
 NAME COLLIER, RAMA LOVE
 STREET ADDRESS 1595 SEMORAN NORTH CIRCLE #101
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME COLLIER, MARJORIE V
 STREET ADDRESS 1400 MARTIN ST., #1118
 CITY-ST-ZIP STATE COLLEGE PA 16803

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 STREET ADDRESS
 CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-32E034 (9/99)